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ABSTRACT

This report presents the findings of eight case studies of successful HIV prevention education programs on college campuses. The project is part of a national system of integrated activities to prevent HIV infection among post-secondary students. Nearly 100 prevention programs were nominated for recognition for their successful efforts. Part One discusses how successful programs were identified in all types of colleges and in all regions of the country. The programs generally met several of the following criteria: (1) included a conceptual basis relating to particular student populations; (2) contained clearly stated goals addressing risks, behaviors, and skill-building; (3) sustained operation over time; (4) had the involvement of students in educating their peers; (5) gained support from institutional funding; (6) were consistent with values of the institution; (7) included education about HIV in the context of other health risks; and (8) had regular evaluations. Part Two contains the case studies of each of the eight programs selected. All of the programs shared an emphasis on activities that contributed to a sense of community. (JDM)

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William R. O'Connell, Jr., Director
Health Education and Leadership Program

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NASPA
Student Affairs Administrators in Higher Education

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October 1999

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Author's Note: A Moment in the Millennium

The programs studied for this publication, like the institutions in which they reside, are constantly changing and evolving. At the time of the case study reports, completed late in 1997, they were different from the year before and surely different than we would find them today. Consequently, this analysis is drawn from the "snapshot" of each of these programs, barely a moment in this waning millennium. However, we believe that what we have learned from this set of case studies will prove to be stimulating and useful, or in the least, "interesting," to those concerned about promoting sexual health, and particularly addressing HIV issues, in the coming millennium.

While a number of student affairs professionals contributed to discussions about these case studies and the conclusions we have drawn, this presentation is the sole responsibility of the author. We apologize for any misinterpretations or errors of fact.

William R. O'Connell, Jr.

Part One

Examining Successful Programs

INTRODUCTION

This presentation presents the collective findings of eight case studies of successful campus programs of HIV prevention education. It is one of the efforts of NASPA's Health Education and Leadership Program (HELP), supported by a cooperative agreement with the Centers for Disease Control and Prevention and part of a national system of integrated activities to prevent HIV infections and other serious health problems among post-secondary students. The particular focus of the HELP project is to ensure that the health of youth and prevention of HIV infection are made greater priorities on the agenda of U.S. higher education. Specifically, we encourage campus leaders, particularly those in the student affairs areas, to consider ways to make attention to HIV/AIDS issues more comprehensive and integrated across the campus. The review of the case studies provides the reader with information about many of the characteristics of the different programs, but more important, this report shares insights on the influence of campus culture and community and especially the characteristics of leadership that contribute to these successful efforts.

HIV/AIDS prevention and the issues surrounding this epidemic have not been matters of high priority for high-level college and university leaders. Through focus group discussions in 1996, we learned that many other issues take necessary precedence over health. And within the area of health, topics such as date rape, alcohol use, violence, and other sexually transmitted diseases contribute to the growing concern administrators have in trying to keep pace with the "topic of the day" format pressuring student affairs. We also found that some senior administrators even admit that they do not see AIDS as a college problem, while others indicated that admitting there is a concern about students' behavior and HIV means that one has to do something about it. Others said that they have not found the "common ground" among the diverse interests and differing points of view on campus that is necessary for broader discussion of this issue. Many administrators have not been engaged in discussing and supporting HIV prevention education and have little awareness of how the prevalence of this disease may be affecting their students. This is unfortunate, since such a large proportion of new HIV infections in the United States occurs among people under the age of 25, many of whom are or will be on college and university campuses. In addition, there has been a dramatic increase in the incidence of infections among African Americans, other minorities, and, particularly, women (CDC, 1998). Given these facts, stewards of colleges and universities need to recognize their responsibility for encouraging quality attention to this issue and for supporting those who address student health issues directly.

The former Chancellor of the University of North Carolina-Asheville has stated two good reasons for strengthening attention to health and HIV/AIDS. In *Liberal Education*, Patsy B. Reed (1997) writes:

First . . . HIV/AIDS disproportionately affects two groups in which we have a particular interest: Young people and the families of those least represented—whom we hope to include—in higher education: African Americans and Latinos. Lives depend on what we do, on our campuses and in the world where we send our graduates to live and work . . . . What they know—and how they think and act—will determine the course of their future and ours.

Second, the complex sets of issues that HIV/AIDS embodies—indeed, health itself—are common to us all. . . . It is clear that the issues of health and disease and what to do about them will be among the most significant matters that our graduates will have to contend with in the coming century, regardless of their professional roles.

Recognizing administrators' influence on campus culture, the HELP project's goals are to encourage institutional

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leaders to support and sustain effective HIV prevention education programs, increase the visibility of successful programs, and strengthen institutional support for integrating HIV prevention education into the campus environment. Our position is that leaders must insist that colleges and universities move beyond the traditional modes of health education interventions. Generally these have targeted the individual as the agent to change, with the student regarded more as a recipient of information rather than as an integral component of the learning process itself. More effective interventions on a campus would identify, challenge, and change the broader context of the students' environment, addressing factors such as norms, group values, campus traditions, media messages, and sex-role socialization.

To reinforce education and behavioral change, campus leaders and decision makers must develop, implement, and champion policies and programs that stress the importance of a comprehensive, integrated, community-focused emphasis on health and learning. Richard Keeling (1998) put it this way: "Health requires prevention, which requires learning and thinking; reciprocally, learning and thinking require health, health requires community; and community requires citizenship."

When we began the project we wanted to locate programs that illustrate some of these concepts in order to provide examples that might catch the attention of busy campus administrators.

We knew that many campuses devote serious attention to promoting healthy lifestyles and safer sex. We wanted to identify and publicize programs that NASPA members considered successful. To learn about what was happening across the country regarding attention to HIV on the campuses, we decided to do a national survey. After reviewing the literature for research reports on elements that indicate successful approaches for prevention programs, we then developed a set of criteria to be used as guidelines for those who would make nominations of successful programs for our further study. In February 1997, we sent questionnaires to NASPA's 5,000 voting delegates and professional affiliate members to gather information on effective HIV prevention programs.

PROGRAM NOMINATIONS

NASPA received close to 100 nominations of successful HIV prevention programs, which were many and varied and mostly run in health education areas, from one-day events to full-scale, comprehensive HIV programming. Nearly half of the nominations mentioned peer education or peer-led initiatives. Other components of HIV programming included:

- Using the AIDS quilt to increase awareness and holding candlelight vigils;
- Sponsoring condom awareness weeks and developing collaboration with community agencies such as health departments and AIDS Service Organizations (ASOs);
- Enhancing campus leadership by developing AIDS task forces and AIDS campus policy committees with interdepartmental participation;
- HIV testing and counseling and other health service activities;
- Residence life activities, including skill-building games and sexual "Jeopardy";
- Theater programs and social marketing techniques (brochures, newsletters, posters, interactive video games, Internet Web sites);
- Curriculum infusion in traditional and nontraditional courses and merging HIV with other health-related topics such as rape, alcohol, relationships, and decision making; and lastly,
- Developing a community service component for campus outreach such as service learning opportunities containing an HIV focus.

The majority of program nominations were from publicly supported campuses. Seventeen of the schools, however, were private, non-profit institutions and eight had religious affiliations. Nominations were received from all U.S. geographic locations and from schools of varying sizes, with enrollments ranging from approximately 1,000 to 40,000 students.

SELECTION OF PROGRAMS FOR STUDY

The information received in the survey was analyzed to identify factors in the program that indicate success, such as integration into campus life, institutional support, and effect on student behavior. Utilizing the set of criteria we developed prior to the survey, eight programs were selected for further study by an *ad hoc* advisory committee of NASPA members. Successful programs generally met several of the following criteria:

- A conceptual basis that relates to the particular student population;
- Clearly stated goals that address risks, behaviors, and skill-building;
- A sustained operation over time;
- Comprehensive concepts that educate about HIV in the

context of other health risks, such as sexually transmitted diseases, alcohol and drugs, steroid injections, acquaintance rape, and sexual assault;

- Availability to all students with outreach to special groups;
- Involvement of students in educating others and providing input into program development, implementation, and evaluation;
- Support from institutional funds;
- Consistency with the values of the institution; and
- Regular evaluation.

The small group of programs ranked the most successful during the preliminary analysis were selected for in-depth study. The institutions in which these programs reside represent all NASPA regions and all types of colleges and universities. They are: *Broward Community College, Creighton University, North Carolina School of the Arts, Stanford University, Syracuse University, University of Massachusetts at Amherst, Western Michigan University, and Western Washington University*. Descriptions of these programs were prepared by their directors and printed in the HELP project's "First Year Report," published and distributed in April 1998. The more extensive case studies of these programs, their activities, and leadership constitute Section II of this report.

Our first goal for this part of the project was to find out what people on campus considered a successful HIV prevention program and then to share that information with the NASPA constituency. However, a more central purpose for the survey and selection of programs was to look for elements of leadership that lead to success in such undertakings. In order to explore this issue, we set about to develop the set of case studies that put the major focus on answering a series of questions about leadership factors related to the programs. The case studies were prepared by project staff and by six doctoral students in programs of student affairs, higher education administration, or counseling.

The staff was assisted in analyzing the case studies by a small group of NASPA members who responded to a number of questions posed about the cases and then drew conclusions around several topics based on a collective view. In addition, the HELP Advisory Committee and the Leadership Development Workgroup reviewed sample cases and the conclusions of the case analyses and contributed additional insights and perceptions based on their broad range of experiences.

What follows are conclusions drawn from these multiple analyses and discussions of the case studies.

CHARACTERISTICS OF SUCCESSFUL PROGRAMS

LEADERSHIP

These cases illustrate the value of strong leadership to address education for HIV prevention successfully on a campus. Leadership can vary at times and can come from different sources—high-level administrators, program directors, students. In these eight cases the key leaders are the women who direct attention to HIV issues on their campuses. In dealing with the need for students to understand the impact of the AIDS epidemic, these individuals have displayed characteristics that define campus change agents. In fact, they share many of the characteristics of women leaders studied by Helen Astin and Carol Leland. In *Women of Influence, Women of Vision*, a study of three generations of contemporary women leaders, Astin and Leland (1991) report that:

The social change model emphasizes both the personal and interpersonal dimensions of leadership. Under the heading of personal dimensions, we include self-awareness and congruence: understanding one's salient values, talents and such other individual characteristics as personal integrity, self-renewal, openness to learning and ability to deliberately establish a personal focus. Interpersonal dimensions include communication skills, coalition-building expertise, honesty, respect for others, openness to differing views, collaborative abilities, listening skills, and facility for empowering others.

The successful programs reviewed here are all led by strong and capable women who are guided by clear philosophies and strong beliefs that structure the framework for accomplishing the goals they set for themselves.

PROGRAM STRUCTURE

Six of the eight programs studied included attention to sexual health and the reduction of students' risky behaviors in the broader program of health promotion. Four of these programs were located in student health centers, one in a counseling center, and one in a stand-alone unit for health promotion and wellness. In the other two, HIV prevention education is the sole focus of the program and commands a great deal of attention on these campuses. All eight of the programs incorporate peer education to varying degrees.

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Organizations for HIV Education

Broward Community College and the North Carolina School of the Arts have organizations established specifically for HIV prevention.

At Broward Community College there are student organizations on each of the campuses that conduct activities and class sessions aimed at reducing risky behaviors and calling attention to the problems of people living with AIDS. These student groups direct much of their attention to classroom education done as "rap sessions," developed and conducted by peer educator/counselors. These rap sessions are conducted in all classes taught in the Wellness Education Department on the north and south campuses and in as many classes in other disciplines to which they can entice invitations. A person living with AIDS or HIV accompanies peer educators to each classroom rap session. That individual is typically a young adult who talks about how he or she became infected and the risk that AIDS presents to college students. In addition to work in classes, these student groups carry out a number of activities aimed at increasing safer sex practices and calling attention to HIV/AIDS prevention. Students also are involved in numerous ways with organizations in the surrounding communities.

At the North Carolina School of the Arts, the Confronting Aids with Responsible Education (C.A.R.E.) program is multifaceted and involves participants in many ways. Work is carried out by a C.A.R.E. team, which has two groups. A team of faculty and staff has the role of supporting and advising the other program group, the student C.A.R.E. team. C.A.R.E.'s primary goal is to address risk behaviors and skill-building through education, and by increasing awareness of AIDS issues on the campus. C.A.R.E. participants heighten and increase their own awareness as they help others become more aware.

Sexual Health Promotion

On five of these campuses HIV/AIDS prevention is included as one of several components of the formal health promotion program. The extent of the emphasis on sexual health varies by level of campus interest and the organization of the program.

At Western Washington University sexual health promotion is a fairly strong part of a large Lifestyle Advisor Peer Education and Counseling Program. This is operated as part of Prevention and Wellness Services, a unit of student affairs that cooperates with the Student Health Service and the Counseling Center. The director believes that a peer education program should be open to any student who wants to participate and not just a highly selective group. Consequently, she teaches the preparatory class to nearly 100 students each year, and there are usually a number of Lifestyle Advisors who wish to work in the sexual health and HIV testing groups.

Health Promotion Services (HPS) at Stanford University is a unit of the Student Health Service. Sexual Health Education is the responsibility of the HPS Director, who also incorporates staffing and programming on health areas such as alcohol and other drug abuse prevention. The sexual health area addresses communication and relationship issues through resource information and referral, workshops and seminars, and academic classes. Much of this work is done by student-run organizations that receive funding from the Associated Stanford Student Union.

Peer Education at Syracuse University is one part of the effort to promote sexual health under the direction of a professional staff member in the University Health Center. The program, Health Education and Leadership Peer Program at Syracuse University (H.E.L.P.P.S.U.), is grounded in a psychosocial development model with a strong emphasis on peer education. In addition to classroom and activities sessions, the director has established a H.E.L.P.P.S.U. presence on the university's World Wide Web page. During the 1996-97 academic year, she established a health information Web page called "Navigating the Twilight Zone of College Life," and also has an "Ask Dessa" page, which allows students to e-mail questions about health and prevention issues, which the director answers on the Web site.

Programs aimed at reducing sexual risk at Western Michigan University are a component of a broad-based health promotion program targeted to students, faculty, and staff. With only a small staff, this office has become quite visible as it strives to infuse its mission and work throughout the campus. Programs and resources developed to reduce sexual risk include Great Sexpectations Theater Company; an interactive computerized risk assessment as part of HIV testing and counseling; a peer education professional development service-learning program; curricular infusion and a campus HIV/AIDS Task Force; and an interactive resource system, known as HealthQuest.

At Creighton University the peer education program has a definite health promotion focus, even though it is part of Counseling and Psychological Services. Peer educators make presentations in classes and conduct other activities to reach as many students as possible. While HIV/AIDS is one of the specific topics offered by the peer group, many

presentations on other subjects—particularly those dealing with risk-reducing behaviors related to overall health—address HIV/AIDS issues.

Coordination of Attention to HIV

Efforts to address HIV education and prevention are broad and without departmental boundaries at the University of Massachusetts at Amherst. There is no core HIV/AIDS prevention and education program *per se*. Despite this ambiguity, the University's Health Education Division (HED), which is part of Health Services, is the primary source of support concerning efforts in this area. HED activities specifically related to HIV/AIDS include training and consultation services for professional and paraprofessional residence life staff, University Health Services clinical staff, Family Housing staff, Everywoman's Center, and Student Teachers. As an extension to HED's HIV/AIDS programming, the Athletic Health Enhancement Program Director provides full-time, on-site programming to student athletes, coaches, and related staff.

Taking advantage of the long-standing strength of a five-college consortium (Smith College, Mount Holyoke College, Amherst College. Hampshire College and U. Mass.Amherst), members of the University's HED team are actively involved in the 5-College HIV/AIDS Committee. This Committee works to plan collaborative programs and discuss approaches to current issues related to HIV/AIDS education and prevention.

INSTITUTIONAL SETTING AND CULTURE

These case studies illustrate the importance of understanding the history and culture of the institution before beginning a program. In every situation, the culture of the institution affected the development and character of the program. In several cases, the setting of the institution also affected the way the program developed and the way in which it was accepted. Broward Community College and Stanford are in areas where the local rate of HIV infection is notably high, with a great deal of local attention being paid to prevention needs. To illustrate, Broward County has the third highest rate of HIV infection in the U.S., a statistic that is frequently quoted by both students and administrators at BCC. Creighton's programming reflects the very conservative area in which the school is located and its religious sponsorship. Several programs were influenced, and given more credibility, by the demographics of the larger community surrounding the campus. Specific factors included the critical issues facing the area, a sense of urgency about the issue, and an acceptance on the campus of the program's values regarding HIV/AIDS issues and the intensity with which they are addressed.

Clearly, the culture of Stanford University is a key factor in the way HIV/AIDS is addressed on that campus. The nature of the student body and the individual interests of the students keep numerous students interested in participating in various aspects of Project SAVE (Stanford AIDS Volunteer Educators) and related activities and services. Students at Stanford are highly motivated academically, energetic about participating in student organizations, and generally interested in service learning. It was reported that many undergraduates at least start out with an interest in pre-med studies, which may account for some students' involvement health issues. The culture of the San Francisco Bay Area also influences the knowledge of the community about HIV/AIDS and provides numerous resources for education and many venues for the strong student interest in off-campus service.

At Western Washington, it was reported that the institution reflects the culture of that state, in which legislation is very responsive to the concerns of the people, and that the student body reflects the demographics of the region. Strong Christian beliefs easily coexist with a high degree of tolerance for diverse behaviors. There is an overriding respect for individuals to connect in smaller groups and a "culture of coexistence of extremes."

At Syracuse University, the institutional culture has influenced the program more than the geographical setting. The development and implementation of the "Syracuse University Vision," the institutional mission statement, and the Syracuse University Compact, have guided academic and administrative planning and activities. The Compact is a sustained quality improvement program that includes ongoing commitment, review, teamwork, and assessment. Wellness and prevention education is supported by a section of the Compact, which states that the university community will "maintain a safe and healthy environment for each member" of the university community.

The HIV/AIDS Prevention Education Program at Broward Community College was developed and is maintained within a college environment that is strongly committed to both the academic and personal learning experiences of its student body. The BCC mission statement calls for "providing the opportunity for students to contribute to the well-being of others through student service learning programs." As a community college, BCC is "committed to serving the needs

and interests of the people in the metropolitan area in which it is located." As a large commuter college with an emphasis on community involvement,
HIV/AIDS prevention fulfills the college's mission to support experiential learning, help people in need, as well as to do something that is morally edifying.

At the North Carolina School of the Arts a number of faculty and staff are practicing artists and many have been affected by AIDS professionally or personally, through students, friends, and family members. Consequently, there is strong institutional support for dealing with these issues in ways that might be more difficult on other campuses.

In every case there has been an attempt to match and tailor the program to the culture and setting of the institution. One aspect of this seems to be a knowledge of how the size of the population on the campus can dictate what a program will attempt to do and what objectives can be accomplished. On the campuses where the programs were able to develop relationships with faculty and to make connections with academic programs, there was a clear understanding of which academic programs would be amenable to connection, how the academic culture functions, and what possibilities there were for cross-disciplinary work.

DIRECTION AND SUPPORT

Catalysts and Coordinators

The key person in every situation is the director of the program. Five are members of health centers with titles of Director, Health Promotion Services; Health Enhancement Coordinator; Director, Health Education and Outreach; Director, Office of Health Promotion and Education; and Associate Director, Counseling, Health, and Wellness Services. One is part of the counseling center organization and is the Peer Education Coordinator, another is a faculty member in health and physical education, and one is a member of the central student affairs staff.

Personal Values and Commitments.

As pointed out earlier, these directors are all guided by consciously articulated or clearly implied philosophies and strong beliefs.

For example, the director at Western Washington University "exemplifies her guiding premise that health is about issues of human dignity." With a broad span of responsibilities for a large campus, and no other professional staff, the director at Western Michigan operates on the theme that she "will not let what she cannot do get in the way of what she can." At the North Carolina School of the Arts, "the hallmark of the . . . program is the sense of duty, compassion, and outreach, growing out of the belief that AIDS is not just the institution's problem, but that of the whole community."

At the University of Massachusetts at Amherst, "a powerful assumption underlying this conceptual approach is this institution's beliefs about social justice; equalizing learner-learned relationships, valuing humanness and diversity, and acknowledging and affirming what learners bring to better understanding HIV and its prevention." Several of the programs indicate that a strong sense of service underpins the program, but at Stanford an institutional ethos of service clearly provides a philosophy upon which this concern for HIV education rests.

The identifiable common set of personal philosophies and beliefs that guide these directors can be summarized to include:

- Commitment to comprehensive wellness;
- Sense of social justice and moral imperative;
- Personal interest in the larger community;
- Emphasis on building relationships, engendering trust, collaboration;
- A vision that guides work;
- Promotion of students' self-direction; and
- Placing others above self and not promoting self.

Several of the cases referred to specific ways in which the directors illustrate these points. At Western Michigan University the program is "thriving in large part because of the powerful and extremely dynamic leadership style of the program director . . . who constantly strives to seek quality and works doggedly to assess the value of her programs." It was reported that everything done in her programs reflects the director's standards, largely because of her ability to engender trust and build relationships with faculty, students, and staff. The program reportedly is multidisciplinary, taking advantage of varying perspectives across disciplines; and it is collaborative, which might be the key to its success on campus.

At Western Washington, the director has a clear understanding of the need to develop allies in key places, and she consciously finds ways to collaborate with others in many other areas. At Broward Community College, the program has flourished partly due to the director's ingenuity in learning about the college's structure and the resources available in the community outside the campus. She has demonstrated creativity in the funding process on the campus and through her commitment to serving the surrounding community.

The director at the North Carolina School for the Arts was described affectionately as an "autocratic ruler" with a gift for tapping into what people want with tenderness, efficiency, compassion, and energy. It was reported that what makes the program successful is the absolute dedication of the director, who leaves no doubt of her belief in its importance and her commitment to it.

Strategies for Success.

All of these key leaders are reported to be good administrators who work at building collaborative relationships with faculty and other groups on campus and in the surrounding communities. In conducting programs they plan carefully, see to proper execution, and check on the results. In every case there is a strong belief in the capacity of students to play a major role in education for HIV prevention. Some of the terms used to describe these key leaders are motivator, risk-taker, resource person, fund-raiser/linker of resources, catalyst, facilitator, opportunity-finder.

All of these key leaders illustrate the ability to be flexible and to make appropriate accommodations to achieve their goals. The belief in students illustrates a belief in an open, non-authoritarian approach to organization. Perhaps above all, these are experienced educators who are knowledgeable about the issues they are addressing and secure in their commitments to a worthy cause. As a group, their leadership style can be characterized by reflection, a positive philosophy, clear sense of purpose, and strong conviction about their work.

Similarly, Astin and Leland (1991) reported that

. . . leaders of social change emphasized collective action, shared power, equality, and inclusion. Empowerment and collective action emerged as the cornerstones of the leadership exercised by these women as agents of social change. Collective action took the form of the synergistic behavior of sharing responsibilities and distributing tasks according to each group member's unique talents, knowledge, and expertise. Empowerment was the process by which the group developed and functioned collectively. The leadership was nonhierarchical and embedded in clear values.

To summarize, the key leaders in our case studies use some or all of the following approaches:

- Find a "hook" to gain credibility (e.g., Red Cross training);
- Find support agencies to encourage and sustain peer educators (on and off campus);
- Use diverse resources;
- Provide different ways to allow students to become involved (i.e., through academic courses, peer education, multiple areas of responsibilities);
- Anticipate issues by being politically astute (co-opt critics);
- Build networks and coalitions; cross boundaries through collaboration;
- Empower and allow student leadership;
- Integrate components;
- Look for ways to sustain work (computer technology, student clubs);
- Use knowledge and multiple ways of knowing (e.g., theater, computers, service);
- Publicly acknowledge students as "knowers," not just as learners; and
- Find ways to make the best use of resources.

Campus Administrators

Other institutional leaders who are important to the success of these programs include administrators whose titles include Vice President for Student Affairs, Assistant Vice President for Student Affairs, Health Center Director, Dean of Students, and Dean of Health and Human Services. One or more of the persons in these positions were important in each case.

Key administrators lead and support these health initiatives in a variety of ways, sometimes directly and often indirectly. Particularly at large institutions, it is sometimes difficult to see much evidence of support for health and wellness programs from central administrators. Often leadership on such an issue can only be described as allowing programs to develop in the absence of opposition. At another level, a general knowledge of the issue and program might constitute support. However, each of these successful programs had active, visible support from key administrators. In all cases they support the program's philosophy and often provide leadership for the program's goals among their administrative colleagues. This kind of support and leadership enables the program to flourish and succeed. At another level, the supporting administrator often has to be the "risk-taker" as well as the one to provide the budget for the program.

At Western Washington the case study describes genuine administrative leadership for the program's emphasis on health and wellness, including sexual health. The administration has designated the position of Assistant Vice President for Student Affairs as the administrator of the three units of health, wellness, and counseling. In addition, the Vice President for Student Affairs is known on the campus for her role in encouraging the work of the wellness program and for fully involving the health promotion director in the

division of student affairs. The President of the University has been unusually active with the Prevention and Wellness Program. Because the University was recognized for its work on alcohol abuse prevention, the President was interviewed on *Good Morning America* and gave the keynote speech at a U.S. Department of Education Drug and Alcohol project directors' meeting. While the focus of her attention has been on alcohol, it seems that she is aware and supportive of the overall wellness program and the work of the peer educators in all their groupings.

The Syracuse University program has been bolstered by visible organizational sponsorship and administrative awareness. Syracuse's chief student affairs officer and the health services director provide strong support and encouragement to health enhancement activities. Funding for the program is provided from the student health fee and additional sources of funding have been identified for special aspects of the wellness program.

Syracuse's Vice President for Student Affairs has helped to highlight program activities through articles in the official university weekly and the student affairs newsletter, both of which are received by the trustees. In addition, he has spoken to the trustees about the program. The strong leadership of the Vice President, who has encouraged staff to become visible through presentation of their programs, has enhanced the focus on HIV throughout the campus community, as well as among governing board and parents' board members.

The Vice Chancellor and Associate Vice Chancellor of Students at the University of Massachusetts at Amherst were both advocates of ongoing and new initiatives for HIV education and prevention activities. They were able to facilitate complex communications within and between their office, the health center, other institutional units, and the student population, helping to make what they considered "exemplary" HIV education and prevention efforts possible. At U. Mass. Amherst, it seems the administrative arm of the university is invested in educating students about HIV.

When Creighton University decided to change its peer education program, it was the Vice President of Student Services who decided the school needed a health educator to coordinate its programs. As one administrator reported, "the biggest change in attitudes at Creighton (regarding health education vs. counseling) came from the Vice President, who knew the effort was a risk but he felt very strongly about it." The attitude within Student Services at Creighton is that it is important to have the peer education program so students will have exposure to information and activities that deal with health practices.

The HIV education program at Broward Community College exists because the Vice President for Student Affairs became aware of the epidemic very early and formed an AIDS oversight committee for the college. In 1988, he instructed the Dean of Students to provide AIDS prevention education to students on each campus, and in 1989 he asked a staff member to produce a video about AIDS as a joint venture with Florida Atlantic University. The video was shown in classes, marking the beginning of AIDS education at BCC. During the next 10 years, the vice president spearheaded a small committee that was charged with finding innovative ways to fund AIDS projects, with the goal of "getting students to realize that they're not immortal." The committee developed the idea of having people who were living with HIV speak to college students, and it received several grants to support this proposal. In addition, the vice president recruited the faculty member to attend a conference on college health and who then initiated the peer education program. He arranged to have the program adviser speak about the program to the President's Council, a group composed of all the college's provosts and vice presidents. The College's president became aware of the program through the vice president, who urged continuation of the AIDS prevention program when the initial three-year grant ended. The president, who has participated in most of the annual AIDS walk-runs, sent out a letter encouraging both students and staff to participate in peer program activities. The provost of the initiating campus served as a bridge between student and academic affairs, offering support during a period when the group "got bombarded from all sides." When HIV/AIDS posters were first put up in the classrooms, some faculty complained about being offended by the more explicit posters, took them down, and went to the provost; he defended the posters, which were again displayed. When members of the faculty complained to the provost the first time the group passed out condoms, they were again informed of his support of the group's activities.

Much of the involvement of institutional leaders at BCC has come about because particular individuals in the administration believed in the importance of HIV/AIDS prevention, and those organizing the effort were able to mobilize this crucial support.

The strength of the HIV/AIDS Prevention Education Program at Broward Community College can be attributed to the fact that key administrators supported the idea of HIV/AIDS education from the onset and continue to be a crucial source of support for the student club in times of need.

Another style of leadership is demonstrated at the North Carolina School of the Arts (NCSA). The Vice-Chancellor of Student Affairs believes this to be a program that not only promotes HIV/AIDS education in an exciting and fulfilling way, but also allows students and staff to exercise and develop their own leadership abilities. He gave the program director free rein and has been impressed with the results she achieves. The C.A.R.E. program has the support of powerful figures on the campus, from the chancellor on down. The degree of openness in discussing and being willing to address the AIDS issue is very different at NCSA than on many campuses. The current chancellor's support of the AIDS program can be seen both in his own interest in C.A.R.E.'s activities, and through vice chancellors and deans who feel free to encourage students and staff to be involved.

NCSA's vice chancellor has said that, "anytime the C.A.R.E. team has asked for financial, verbal, institutional, or emotional support, it has never been withheld or questioned. It has been fully supported by the board and the administration. The fact that all the central leaders have spoken out in support of the team and the program, either verbally or by appearing at events, and have given financial and emotional support, makes a powerful statement that this program has approval and is protected."

Student Leadership

Student leadership is another important component of successful programs. Many students involved in these programs seem to be committed personally to a service orientation and see taking responsibility in this area as a way to "make a difference." In addition, many students recognize that exercising leadership provides an opportunity to learn and grow and contribute to their own professional development.

Student leadership at Stanford University has played a very important part in the direction of the program. Students concerned about HIV/AIDS issues found ways to initiate activities and then have them accepted and supported by the student government. For example, "Ye Olde Safer Sex Shoppe" was established by a student leader who wanted to demystify the AIDS epidemic by making safer sex fun and open for candid discussion. The student organizers designed the program, wrote a successful proposal for student government funding, and purchased "Shoppe" items at discounted prices so they could offer this new resource on campus.

In addition, the case study reported that gay students at Stanford who had complained for years about not being able to get anonymous HIV testing on campus were able to convince the Health Center to make HIV anonymous testing available to better serve the community.

As the case points out, "Undoubtedly, student interest in getting institutional attention for sexual health education is important on many campuses, but it seems that the leadership from students at Stanford is stronger and more significant than we might find in other places." However, several of the other cases also point out significant ways in which students influence the institution and the direction of the programs.

At Syracuse University the prevention education awareness program began with the urging of a graduate student who helped to develop and run the first peer education programs that were to gain administrative sponsorship in the Office of Residence Life. Syracuse administrators now recognize the value of peer educators and, based on the high level of training, view them as credible representatives who can serve as facilitators for student development.

Sometimes student leaders gain a great deal of influence as visible advocates on campus. At Western Michigan University students play vital roles in peer education and in curricular infusion, becoming advocates for a program that influences the campus community in profound ways. Active students at the North Carolina School of the Arts, who bring their creative talents, enthusiasm, personal interest, and caring to this direct service on- and off-campus, act as powerful "salespeople" for awareness about HIV/AIDS and responsible behavior on campus.

At Broward Community College, we found another example of student leadership and how it gained recognition for the HIV education program. The students who run the program lobbied to become a club in order to receive student activities funds for almost all of their operating expenses. In addition, club status enabled the group to be represented at meetings with other clubs on campus and to work closely with the African American, Hispanic, and International Clubs, involving their membership with AIDS/HIV prevention activities. Student club status also made the group eligible to win the top service club award for three years in a row, and the "Community Connections Award" for providing outstanding and extensive service.

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CONCLUSIONS

About Leadership. The central conclusion to be drawn from these case studies is that successful attention to HIV prevention and related issues requires strong and capable leadership. A campus that wishes to have a strong program should appoint or give recognition to an individual who is creative, competent, caring, and compassionate. The leader of such a program should have an understanding of change strategies, be able to build coalitions across the campus, and easily address controversy.

A comprehensive, integrated, and sustainable program of education for HIV prevention works well when set within the framework of broader, related issues of health, particularly when connected to promotion and wellness programs. However, two of the outstanding programs studied focussed only on HIV/AIDS. In either approach, attention to HIV also should be framed in such a way as to involve all areas of the institution. Since students are at greatest risk, it is easy for top administrators to assume that attention to this matter will be in the hands of those who focus on student health or general student life outside the classroom. To be truly integrated, attention to HIV prevention should hold a central, not peripheral, place in the campus environment and a leader such as those in these successful programs can move an institution in that direction.

With a strong commitment to addressing issues of sexual health promotion and an optimistic "can-do" attitude, these program leaders—almost single-handedly in most cases—have been able to capture widespread attention on their campuses. These individuals use a collaborative style of leadership and get the job done without concern for credit or personal recognition. They never lose sight of the fact that they are serving students. They encourage students to take initiatives, support the development of leadership skills, and respect students as individuals.

To be successful, these leaders and their programs also require recognition, respect, and resources from higher level institutional administrators. Support can range from overt advocacy and public statements of support, through involvement in program activities and intimate knowledge of the issues, to passive support through budget inclusion and general knowledge of activities. When the prevention of HIV and other sexually transmitted infections, and general attention to sexual health promotion, is important to a campus community, chief student affairs administrators must be visible supporters of these sometimes-controversial programs. Because of the positions they hold, these administrators can inform their senior colleagues and members of governing bodies about the issues these programs address and, when necessary, interpret controversy.

A barrier to which student affairs administrators are particularly sensitive is organizational structures that do not support collaboration across administrative units and academic disciplines. HIV prevention education can be a vehicle for generating collaboration across units and within the curriculum.

About Culture and Context. Successful programs for addressing HIV issues are compatible with the culture of the institution and appropriate to its setting. While this principle generally holds for the development of all programs, it is more important when dealing with potentially controversial issues. The way HIV infection and AIDS is addressed in these successful programs grows directly out of a knowledge of the institution's history, size, sponsorship, mission, student characteristics, and surrounding communities. Some cases illustrate this more dramatically than others, but all of these programs show that success is directly related to the extent to which the nature of the program and its activities can be matched to the culture and setting of the college or university.

About Programs. Successful programs place an emphasis on activities that contribute to the sense of community, which can result in positive outcomes for all students. Students need to feel that they fit in and are involved with a group of people who care about one another, including the support of healthy behavior. In these cases, participation in peer education gives students a strong identity and close relationships with others who hold compatible interests. As students move in and out of multiple communities—academic, social, cultural, and ethnic—each environment should be developmental and related to the mission of the institution. Comprehensive and integrated programming for HIV prevention can be reinforced in all the communities in which a student is involved.

Other aspects of successful programs included the formation of student organizations to take advantage of funding opportunities and campus visibility; connecting with service learning programs; enlisting influential faculty collaborators; offering credit courses to prepare peer educators; and developing computer resources and interaction through the Internet.

About Transferability. While many campuses beyond those we studied have multifaceted and varied programs, some

aspects of these eight programs might serve as examples to a broader range of institutions. One example might be the North Carolina School of the Arts' annual "Day Without Art," which is a significant dramatization of the impact of AIDS on the art community. Another might be connecting students with persons living with HIV or AIDS. While this is easily done through off-campus student service activities, the impact is broadened at Broward Community College by having a person living with AIDS participate in peer education presentations in a full range of classes across the campuses. Two of these case studies, University of Massachusetts at Amherst and Western Michigan, offer examples of the early development and continued use of peer theater troupes, an aspect of HIV prevention programming that is spreading to many campuses.

In reviewing these cases, campuses interested in learning from these examples should note that these successful programs are highly dependent on human resources. None have large budgets, but they have been able to connect successfully with other on-campus resources or related off-campus agencies. Two examples, from more than one case, are the establishment of student organizations to take advantage of institutional funding, and off-campus arrangements for training of students and staff by the Red Cross.

And Finally. Each institution has to address HIV prevention in accordance with its own culture, setting, resources, and interests. We hope this analysis of factors that lead to success, and the case studies from which it is drawn, will stimulate ideas for the development of more comprehensive and integrated programs to involve students in the consideration of HIV prevention and the many issues surrounding this epidemic.

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Part Two

The Case Studies

INTRODUCTION

The field research for these case studies was carried out by six advanced doctoral candidates and the author. Each program was studied by one of the field researchers who spent several days on the campus interviewing program directors and staff, related personnel, campus administrators, participating students, and, where appropriate, community participants and partners. The case studies of the successful programs that follow in this section are highly edited versions of the reports of those visits. Special recognition and thanks are due the doctoral candidates who assisted the project through their enthusiastic collection of data and the production of outstanding case reports. At the time of this research the following individuals were doctoral candidates at the institutions indicated:

Kelly A. Clark, University of Vermont
E. J. Essic, University of North Carolina, Greensboro
Jeff Kuhr, University of Nebraska, Lincoln
Patricia A. Maloney, State University of New York, Buffalo
J. Greg Merritt, Michigan State University
Tovah Sands, University of Florida

Recognition also needs to be given to the graduate professors of these field researchers. Our requests to faculty in the areas of student personnel administration, counseling, higher education, and public health were all met with interest and enthusiasm for identifying and encouraging these outstanding young professionals.

Additional thanks needs to be extended to the directors of these special programs who provided materials and information about their programs and their institutions, and to the administrators to whom they reported. At the time of these case studies the directors were:

Janet E. Parke, Senior Professor, Health, Physical Education, Recreation and Dance, Broward Community College
Michelle Millard, Peer Education Coordinator, Creighton University
Martha Anne White, Director of Judicial Affairs and Special Projects, North Carolina School of the Arts
Carole Pertofsky, Director, Health Promotion Services, Stanford University
Dessa Bergen-Cico, Health Enhancement Coordinator, Syracuse University
Pamela Gonyer, Director, Health Education and Outreach, University of Massachusetts, Amherst
Christine G. Zimmer, Director, Office of Health Promotion and Education, Western Michigan University
Patricia M. Fabiano, Associate Director, Counseling, Health and Wellness, Western Washington University

Broward Community College

Broward Community College (BCC) is a large multi-campus community college in the Ft. Lauderdale, Florida, area. It is a metropolitan college with a student enrollment near 50,000 that reflects the multicultural and diverse population of the county. Since opening its doors in 1960, BCC has sought to maintain its reputation for small classes and friendly, professional faculty and administrators. Each of the three main campuses offers a range of after-class activities for students through the Department of Student Life, from golf and volleyball to service clubs, including the HIV/AIDS Prevention Education Program (HAPEP). The student body

at BCC is exceptionally diverse in age, background, race, nationality, and ethnicity, with a majority of students on campus of Hispanic, African American, or international background, and an average age of 29.

THE PROGRAM

The HIV/AIDS Prevention Education Program (HAPEP) has been in existence for eight years, gathering many awards and accolades along the way. It is estimated to reach over 15,000 students throughout the college each year. HAPEP is a very visible presence on campus, and it is almost impossible for a student not to hear a message about HIV/AIDS prevention during his or her tenure at BCC. Begun as a pilot program on the north campus under the guidance of Dr. Janet Parke in 1990, the program was expanded to all three campuses the following year. The peer educator/counselors maintain an HIV/AIDS Prevention Education Office on each campus and facilitate a vast and creative array of programs to disseminate the AIDS prevention message.

The make-up of the student participants in HAPEP reflects the college's diversity and members cite a variety of reasons for participating in the program. Michael, for example, a man in his 40s with a history of homelessness, drug use, and promiscuity, says the group helped him "banish the idea that it can't happen to me." Many of the participants are planning careers in health-related fields and recognize the value of their involvement in HAPEP for future employment. Quite a few demonstrate initiative and creativity, such as 19-year-old Tanika, who started a project of rocking babies with AIDS at a local hospital. Many cite the benefits of greater self-confidence that stem from public speaking. Some of the most dedicated students plan to stay involved with HAPEP even after graduation when they attend one of the nearby universities.

HAPEP was developed and is maintained within a college environment that is strongly committed to both the academic and personal learning experiences of its student body. The BCC mission statement calls for "providing the opportunity for students to contribute to the well-being of others through student service learning programs." BCC resources are allocated for priorities consistent with the institution's educational purposes and, as a measure of BCC's respect for student responsibility, students participate in resource allocation decisions.

As a community college, Broward is "committed to serving the needs and interests of the people in the metropolitan area in which located." BCC has a very active involvement in a consortium of southeastern colleges for the prevention of alcohol and drug use, and college administrators readily acknowledge the connection between substance abuse and HIV/AIDS. Ascertaining the human needs of Broward County residents is not overly difficult: Broward County has the third highest rate of HIV infection in the United States, a statistic that is frequently quoted by both students and administrators at BCC.

FOUNDING AND LEADERSHIP

In February 1990, Dr. Jan Parke and a colleague were sponsored by BCC to attend a conference of the American College Health Association that addressed the growing HIV/AIDS epidemic. The focus of the conference was on designing preventative education programs for implementation on college campuses, emphasizing peer educators as a key component. Dr. Parke returned to BCC with an action plan and wrote a grant proposal to secure funds from the college's staff and program development fund. The grant provided the seed money that allowed her to develop a pilot HIV/AIDS prevention education program on the north campus and she later received additional funding for two years.

From the very onset, HAPEP has been a peer education program. Dr. Parke provided key leadership in this direction by simultaneously negotiating release time for herself and moving quickly to involve students in all aspects of the program. Dr. Parke identified a strong student leader, obtained a work-study scholarship for her, and the pair began recruiting students to be peer educators. Twelve initial recruits were educated about HIV/AIDS and put to work building an AIDS prevention group on campus. Subsequently, the pilot program was expanded to all three campuses. Dr. Parke developed and distributed a curriculum guide for BCC instructors that provides suggestions on how to incorporate materials that focus on HIV/AIDS into all disciplines via a variety of classroom activities.

During the first few years of the program Dr. Parke lobbied and was successful in receiving an annual allocation of service-scholarships for HAPEP. The faculty advisors use the scholarships as rewards for students who demonstrate initiative and reliability. Continually on the lookout for extra funding sources, the faculty advisors actively pursue possibilities in the community. Dr. Parke has been the founder and director of the Broward County World AIDS Day Walk/Run for Life, sponsored by the Broward Community Foundation. A portion of the proceeds for that event typically goes to HAPEP through a grant. Dr. Parke also represents

BCC on several AIDS committees in the community that receive state funding and she has established a good rapport with the Broward County Health Department, an additional funding source for the student scholarships.

Student leadership of the programs is equally active and strong. Once the three-year initial grant ended, HAPEP hit a crisis point that centered on determining how the program would continue to be funded. The students lobbied to become a club and succeeded, a brilliant strategy that affords the group the ability to tap the Student Activities Fund for almost all of their operating expenses, with the result that club funding has virtually been institutionalized. The club is represented and active on the President's Council, a group of student presidents of all campus clubs. In addition, student club status has made the group eligible for campus awards. The north campus group won the top service club award for three years in a row, and the "Community Connections Award" for providing outstanding and extensive service.

ACTIVITIES AND INTERACTIONS

Classroom education, or Rap Sessions, developed and conducted by peer educator/counselors is a key feature of the HAPEP prevention effort. Rap Sessions are conducted in all classes taught in the Wellness Education Department on north and south campuses. In addition, all faculty in other disciplines are sent forms enabling them to invite the peer educator/counselors to their classes. The Rap Sessions take a multifaceted approach to the topic of AIDS prevention and include cognitive educational components (basic knowledge such as the difference between HIV and AIDS and the modes of transmission) presented in an interactive way. The Rap Sessions also use applied strategies such as a discussion of risk activities, condom shopping, role-playing, and "sensitivity exercises," in which participants discuss what it would be like to have HIV/AIDS. A person living with AIDS or HIV accompanies peer educators to each classroom Rap Session. The individual, typically a young person, talks about how they became infected and the risk that AIDS presents to college students. These personal stories are particularly compelling and often produce tears in the eyes of those in attendance.

HAPEP gained tremendous credibility by incorporating Red Cross training into the standard training procedure of all peer educators/counselors and faculty advisors. The 30-hour training certifies the students as American Red Cross HIV/AIDS Instructors. Currently, Dr. Parke conducts all the training in the county and she has recently trained one HAPEP leader and a Health Department educator as instructor trainers. Only students who have completed the Red Cross training may conduct the Rap Sessions, and these students are designated as peer educator/counselors.

Classroom Rap Sessions given at BCC are by nature multicultural, since many HAPEP members are themselves Hispanic or African American. HAPEP has a strong African American constituency of students who participate in general club activities as well as in activities specifically geared for African Americans. The Florida Department of Health has awarded several scholarships to BCC specifically for African American students who focus on HIV prevention in the African American community.

HAPEP works to actively link the AIDS prevention message to alcohol abuse awareness, taking advantage of National Alcohol Awareness week, for example, to distribute flyers and pre-made kits. HAPEP works side by side with the Department of Student Life and the Phi Theta Kappa honor society distributing HIV prevention and alcohol abuse prevention material. The group distributes information at student cookouts, condoms (2000-plus) at student "Welcome Back" days, and specialized kits for Halloween, Christmas and Spring Break. They write a monthly article, "AIDS Outlook Column," for the school newspaper and put on condom carnivals and Sexual Jeopardy games. HAPEP has instituted free HIV antibody testing, held twice a year on all three campuses and the group has produced video public service announcements about HIV/AIDS prevention that are shown in classrooms. HAPEP has been invited to work with teachers-in-training on how to talk to children about HIV and AIDS and has conducted a Rap Session for the BCC Police Department. Student volunteers wear club T-shirts that feature the BCC HIV/AIDS prevention logo, write and perform skits in the campus auditorium, and sponsor coffee houses to talk about AIDS. The south campus club organized a Memorial Garden dedicated to honoring BCC students who have been victims of AIDS, murder, or drunk driving.

Community outreach also plays an important role for HAPEP, helping students to integrate their on-campus and off-campus experiences, particularly important for a commuter campus. One of the club's student presidents developed, produced, and performs in a show called "Community Contact" (aka "Oprah Winfrey"), which features an open microphone, a panel of doctors and educators who answer questions about AIDS, and speakers who are HIV-positive; turnout has been excellent. Students are involved

with a local agency in Ft. Lauderdale that provides services for people with HIV/AIDS. They also coordinate outreach to high school students, lead support groups for HIV-infected people, including Spanish speakers, and collect toys for children who are HIV-positive. The Broward HIV Educators Alliance is a county umbrella organization that includes HAPEP, The Girl Scouts, Hispanic Unity, and the Department of Health. Often these groups ask HAPEP for their assistance with various programs. HIV Ministries Youth Network (HYMN), which focuses on church youth, asks HAPEP members to serve as peers and role models and the Seminole Tribe of Florida requested the BCC group to speak to its young people about HIV/AIDS prevention.

INSTITUTIONAL LEADERSHIP

Institutional leadership has been essential to the success of HAPEP. Three of the most instrumental people were the Vice-President for Student Affairs, Special Assistant for Student Services and Evaluations, and the Provost of north campus. The Vice-President became aware very early on of the epidemic potential of the disease and started an AIDS oversight committee for the college. A longtime campus leader and one willing to take risks, he instructed the Dean of Students to provide AIDS prevention education to students on each campus and in 1989 asked his Special Assistant for Student Services and Evaluations to produce a video about AIDS as a joint venture with Florida Atlantic University. The video was shown in classrooms, marking the beginning of AIDS education at BCC. During the next ten years a small committee was charged with finding innovative ways to get funding for AIDS projects; their goal at the time was to "get students to realize that they're not immortal." The committee developed the idea of having people who were living with HIV speak to the college students and it received several grants to fund the Speakers Living With HIV program.

The Vice-President remained involved as an advocate for HIV/AIDS education at BCC throughout his tenure. Through the Vice-President's efforts the college President became aware of HAPEP and gave the group his support. When the initial three-year grant was up, the President, who has participated in most of the annual AIDS Walks/Runs, sent out a letter encouraging both students and staff to participate in HAPEP activities.

During the first year of the program's pilot on north campus, the support of the Provost proved invaluable. The Provost served as a bridge between student and academic affairs, offering support during a period when the group "got bombarded from all sides." On numerous occasions the Provost lent his support by reassuring the faculty that it was okay to talk about AIDS on campus. When HIV/AIDS posters were first put up in the classrooms, some faculty who were offended by the more explicit posters tore them down and went to the Provost. The Provost defended the posters, and they were again displayed. When members of the faculty complained to the Provost when HAPEP passed out condoms for the first time, they were again informed of his support of the group's activities.

CONCLUSIONS, PROGRAM PROSPECTS

The HIV/AIDS Prevention Education Program is a well-supported part of the BCC landscape. The primary educational vehicle, the Rap Sessions, are attended by the majority of students. Opportunities to promote HAPEP are generally excellent but variable: many factors, most notably changes in administrators, can have a significant impact on campus policy.

HAPEP enjoys a careful balance of responsibilities between students and faculty, with faculty advisors facilitating students to take on more of the leadership duties for the clubs. It is widely felt by administrators, faculty, and students that the use of peer educator/counselors is one of the primary factors that spell success for the HIV/AIDS prevention program at BCC. A very dedicated and energetic volunteer core of peers serve the students on these campuses.

The HAPEP clubs enjoy a strong, cohesive group feeling that is contagious. Motivation and respect for their work and for each other is abundant. Student participants talk about the gratification they feel from their efforts to prevent the spread of such a serious disease that is a direct threat to themselves and their peers. HAPEP members have tremendous respect for each other, the group, and their mission. Students reinforce for each other the benefits they derive from club participation; there is much shared laughter and camaraderie.

KEY INFERENCES

The strength of the HIV/AIDS Prevention Education Program at Broward Community College can be attributed to the dedication, motivation, and leadership provided by faculty and administrators. Key administrators at BCC supported the idea of HIV/AIDS education from the onset and continue

to be a crucial source of support in times of need for the club. HIV/AIDS prevention at BCC has been nurtured by the dedication of several tremendously dedicated faculty. Faculty advisors provide the strategic support and guidance to the club and they serve to empower the students who volunteer for HAPEP. The use of peers as HIV/AIDS educator/counselors also is pivotal in this endeavor. When students do a good job of communicating the prevention message to their peers, the message is received much more readily and effectively than if the same message came from non-peers.

Another factor that contributes to the effectiveness of HAPEP is the judicious use of selectivity by the club. The adoption of Red Cross training for peer counselors and faculty advisors serves as an effective device to discouraging students who are not willing to make the initial required commitment of 30 hours of Red Cross training. In addition, volunteers must make a two-semester minimum commitment to the program in order to qualify to become a peer educator/counselor.

The contribution of the atmosphere surrounding HAPEP cannot be understated. The attitude of hard work of the staff is contagious; HAPEP student participants can be heard espousing the same values of hard work and commitment.

Finally, the environment of South Florida, with its high concentration of HIV and AIDS cases, lends an atmosphere of urgency for everyone involved in HIV/AIDS prevention in Broward County. As a large commuter college with an emphasis on community involvement, HIV/AIDS prevention fulfills the college's mission to support experiential learning and help people in need, as well as to do something that is morally edifying. HAPEP continues to do an exemplary job of integrating community and campus activities to address a very serious health threat that impacts students and community residents alike.

Creighton University

Creighton University is an urban, Jesuit university with an enrollment of approximately 6,000 students, located in Omaha, Nebraska. Four thousand students are enrolled in Creighton's undergraduate program in three schools: Arts and Science, Business Administration, and Nursing. The remaining 2,000 students are enrolled in graduate and professional programs of medicine, nursing, dentistry, and law. About 1,700 of Creighton's students reside on campus. About 1,200 students are members of Greek organizations, three fraternities and five sororities, all of which are housed off-campus.

Peer education was introduced to the Creighton campus in 1990 and was coordinated through the Alcohol and Other Drug (AOD) Counseling Program. After one semester, the program was discontinued. The Director of Counseling and Psychological Services said that both she and the Vice President of Student Services felt that they did not want their student health and wellness program delivered from a counseling perspective and that Creighton needed a health educator to coordinate their programs with different concepts. She made the point that "the biggest change in attitudes at Creighton (regarding health education vs. counseling) resulted from the strong beliefs of the Vice President. As she put it, "The effort was a risk but he felt very strongly about it."

In 1994, under the direction of Michelle Millard, peer education was reintroduced to the Creighton campus as PROP (People Reaching Out to People). During its first two years, PROP was a volunteer-run program involving approximately 20 students per year. As a volunteer student-run program, PROP was only moderately successful and Michelle Millard and other student affairs officials felt that offering the peer educator experience through a three-credit course would generate much larger participation. Thus, they established "Peer Education," a 500-level education course that fulfills undergraduate requirements as a writing course and as an upper-level (300-plus) course of which students are required to take 48 credit hours. This course is a prerequisite for students who wish to become peer educators in the PROP program.

The course encourages the application of the principles learned. Students are given opportunities to apply what they learn in the belief that this involvement encourages them to think in greater detail and for longer duration about what they learn than they would from only lectures and exams. The course exposes students to information and dialogue about critical student-related issues with an emphasis on the sharing of information. The course also requires the students to "stand on their own" and make presentations that rely not only on the health-related information they have learned, but also on the ability to improvise when making presentations, since that will be the emphasis of their work as peer educators.

The "Peer Education" course is offered every spring semester. The first time it was offered in the spring of 1997 there were 25 students enrolled, with approximately half going on to become volunteer peer educators. Being a peer educator is considered prestigious, comparable to being a Resident

Advisor, a member of the Freshman Leadership group, a group leader for Welcome Week or Orientation, or to holding similar leadership positions.

THE PROP PROGRAM

The PROP peer education program aims to reach as many students as possible and is based largely on the writings of Keeling and Engstrom and Fabiano. Keeling and Engstrom and Fabiano suggest that students involved as peer educators and involved with community service take a greater responsibility for their own well-being and are more likely to become opinion leaders than those who are not. They believe strongly that the combination of peer education and community service is the key to effective health education.

Creighton officials believe that students should have exposure to information and activities that deal with both high- and low-risk health practices. The purpose of the peer education program is to provide opportunities for students to think about the choices they are making in all areas of life and compare their choices to their own personal values and to the values of the Creighton community with which they have become identified. The focus of the program is not just the transmission of information about how to stay safe within their decisions, but asking how congruent those decisions and their consequences are with who they are as individuals and the kind of life they wish to attain. As Millard put it, "Our goal in providing health education is to do so in multiple layers and in multiple settings; so that, consequently, the message we are sending begins to permeate the culture."

The peer educators make presentations in various classes, especially in the "Freshman Seminar," which is a required course offered through the College of Arts and Sciences. About 75% of the "Freshmen Seminar" instructors invite the peer educators to make presentations to their students. The peer educators also make presentations to all Master Student Classes, which are for students who do not meet specific criteria for full admission into Creighton. Peers make presentations on many topics, the most popular being stress management, study skills, and dating and relationships. The presentations tend to be very casual and informal, emphasizing interactive games and activities. Michelle Millard feels that by not using "canned" presentations, the peer educators stand a better chance of having their message heard and accepted. Her experience with the program suggested that students interacted better with presenters who delivered information with their own methods and in their own style than those with pre-developed programs.

Peer education programs consist of interactive, activity-based segments that are assimilated into different modules that can be picked up easily by any peer educator and taken into any setting. According to Millard, "The peer educators are never portrayed to be counselors or to be experts on any topic, rather they are people who have been trained and educated in a variety of topics and the purpose of the programs is to share information and create dialogue." The educators, she continues, quickly become comfortable with dealing with ambiguity, customizing the programs to fit their style, and facilitating interaction and discussion.

Although HIV/AIDS is one of the topics addressed by peer educators in their presentations, it is not a topic frequently requested by the people inviting peer educators to their classes or groups. Many presentations and discussions do include HIV/AIDS issues, however, and the director believes that any discussion about students' risk-reducing health behaviors can incorporate the risk of HIV/AIDS.

In addition to presenting programs in the classes, programs have been provided for various Greek organizations and residence hall floors. Community outreach has included day-long workshops on self-esteem for seventh graders in some of the schools of the area, and by establishing a support group of adolescents in a local hospital. It was reported that there is an average of 1,700 students per year that are at some level exposed to peer education programs.

The PROP peer education program is fully funded by the university and is administratively housed in Counseling, a division of Student Services. The peer education program faces some potential limitations because Creighton is a Catholic university. The Vice President of Student Services indicated that their programs are based on national standards but also fall under the scrutiny of the Archbishop and what he considers appropriate for health education programs on campus. Although the Archbishop is considered conservative, there have been no problems to date with the peer education program. In relation to HIV/AIDS, Michelle Millard and the peer educators reported that they have been able to do what they want to as long as it is done with good taste. The exception is programs dealing with condoms. What appeared to be a motivating factor enabling HIV/AIDS education at Creighton, according to two student affairs officials, was an HIV-related incident involving a student some years ago.

Although classroom presentations occupy the majority of the peer educators' time, they also conduct health-related activities for other groups on Creighton's campus. For example, the peer educators had planned and implemented

a program called "The Trial of the Century." This was a mock trial of a date-rape case and, working with other campus organizations, they were able to get attorneys and a judge from Omaha area to participate. More than 150 students attended the "Trial." An artiele in "The Creightonian," the campus newspaper, gave the program and the planners high praise in a front-page article with an accompanying photo of the event.

Process evaluation forms completed by recipients of the peer-education programs offer feedback on program components. Comments written by students who have received peer presentations consistently state that the presentations were "fun," "beneficial," "very good," and "well accepted." In the future Michelle Millard plans to collect data on the demographics of the people who enroll in the peer education class and she wants to use the Centers for Disease Control and Prevention College Health Risk Behavior Survey to measure the effects of the course experience among the peer educators.

KEY COMPONENTS

The key elements that make this a successful peer education program at Creighton are:

- Support and vision by the Director of Counseling and Psychological Services and the Vice President of Student Services;
- A program coordinator who can administer programs based on the health education model;
- The opportunity for peer educators to be trained in a three-credit-hour course;
- The existence of the Freshman Seminar course and the Master Student course as venues for many peer presentations; and
- The emphasis on improvisation in peer-led presentations.

Another important factor is that peer presentations are done in teams of at least two, with an effort to form teams of one female and one male student. Of equal importance is the desire for teams to include a culturally diverse mix of peer educators.

In addition to these key components, potential for the program is strongly related to the director's proactive attention to the details of the class and the peer education activities. She has established a good working relationship with her students in the class and with students who continue beyond the course to volunteer as peer educators.

Most peer educators view this program as a leadership opportunity. However, the program has only an indirect relationship with other student leadership programs. A more formal cooperative link between the peer education program and the student leadership office might serve to further the effectiveness of both programs.

When asked to rate on a five-point scale how many other Creighton students knew abut the peer education program, several peer educators felt that some or many students knew about the program. Using the same scale, another student who is not a peer educator but is the Coordinator of Welcome Week at Creighton felt that most or all of the Creighton students knew about the peer program.

The attitude within Student Services at Creighton is that it is important to have the peer education program. The Vice President believes that Creighton needs more health education programs in addition to the peer education program. He would like to see a greater "buy in" by administrators of divisions outside of Student Services and by Creighton's academic faculty members. He feels that health and wellness experts who are known on a national level could influence the Creighton faculty and administrators.

SUMMARY

The People Reaching Out to People (PROP) Peer Education program was designed to provide educational outreach on life choice issues faced by college students. It was based on the theory that students learn best, or at least differently, when interacting with their peers. Topics covered by the program are broad and holistic in nature, including alcohol and other drugs, body image and eating disorders, stress management, diversity, study skills, HIV/AIDS, and sexual decision-making. This holistic approach was chosen, it was reported, because of the inter-relatedness of all these issues, as well as the recognition that many behaviors students were choosing were actually symptoms of underlying issues such as self-esteem and the need for personal values clarification.

The program was designed to be consistent with the values of Creighton, a Jesuit institution. The focus of education at Creighton and within the Student Services division is comprehensive, which means it is directed to the intellectual, social, spiritual, physical, and recreational aspects of students' lives. It embraces the value of the individual, appreciation of ethnic and social diversity, as well as promotion of the development of lifelong learning.

North Carolina School of the Arts

The North Carolina School of the Arts (NCSA) is part of the North Carolina University System. Founded in 1965 as a conservatory for the performing arts, the campus is small, completely housed on 81 acres in Winston-Salem, North Carolina, and is unique in that it offers residential housing for both high school and college students. The 1,039 students represent 45 states and 22 foreign countries and range in age from 13 to 76 and include middle school, high school, undergraduate and graduate college students and a small number of special students. The majority of middle and high school students and approximately one half of the college students are housed on the campus. Only 32% of the students who audition for NCSA are accepted.

NCSA consists of five schools—Drama, Dance, Design and Production (which includes Visual Arts), Music, and Filmmaking—offering students the opportunity to combine their artistic training with a rigorous academic schedule. There is a wide range of diversity among the student population in terms of interests, age, race, sexual orientation, ethnic origin, socioeconomic background, and nationality. African American, Hispanic, and Asian students make up 15% of the population and are active and visible in every area of campus life. This is a school for creative artists, and a place where difference is nurtured and creativity flourishes. There is a feel here, mentioned by several people, that the atmosphere allows at the same time for diversity and integration. It is not uncommon to find a 14-year-old boy from Colombia, a 36-year-old mother of two from rural North Carolina, and the son of a famous actor sitting at the same table in the snack bar, discussing an upcoming performance piece or a service project.

Anne G. White, Director of Judicial Affairs and Special Projects, is in charge of the AIDS Prevention and Education program at NCSA. She has held this position since 1986, when the North Carolina University System issued a mandate for AIDS education on all campuses in the system. The focus of HIV/AIDS attention is a staff and student C.A.R.E. (Confronting AIDS with Responsible Education) Team. Because this is a professional arts school, and because of the impact of HIV/AIDS on the arts community, this program has garnered institutional support and, stemming from personal and professional interest, a caring and enthusiastic response from students and their teachers.

Each year about 30 students are included on the C.A.R.E. team itself, and many more participate in various projects. Most students who become involved are motivated by personal experience. Many report being sensitized to the need "to be a part of something important" after losing friends or family to AIDS. A recent graduate of the music program reported losing both a dear family friend and her grandfather to AIDS in a five-month period. These students say this program helps them heal by helping others.

There is powerful institutional support for dealing with issues that are traditional "hot potatoes" on other campuses—AIDS, sexual behaviors, drug use—and there appears to be little fear of speaking out on issues. The campus supports faculty, staff, and students who are openly gay. This support is shown not only in a freedom from fear of reprisals, but in policies that include NCSA's commitment to provide short-term caregivers for any student living with AIDS, and a sexual orientation policy that protects faculty and staff employment.

Another critical contextual element that has helped to create the success of this program is the fact that NCSA is a small school. There are few programs on campus that C.A.R.E. has to compete with. NCSA has no intramural sports, no student government, no radio station or athletic program. In comparison to the other programs that do exist on campus, C.A.R.E. is huge. It is the most popular; it has the largest built-in reward system; it is funded and has consistent leadership; and it has traditions that are highly visible and honored.

The C.A.R.E. team is made up of the Director, Ann White, eight NCSA staff and faculty, and about 30 students. Students are a vital and energetic part of this team and its strongest support. They use their creative talents, enthusiasm, personal interest, and caring in direct service, either on campus as peer educators or in the community through AIDS Service Organizations (ASOs), doing everything from fundraising to spending time with people dying from AIDS. They are active in peer education and act as powerful "salespeople" for awareness and responsible behavior about HIV/AIDS on campus. Faculty and staff members offer ideas and administrative and material support and help to see that no areas are left out.

LEADERSHIP

C.A.R.E. Director Ann White has received several grants to fund AIDS education, and has been president of the North Carolina HIV Coalition, an organization prompted by participation in a CDC-sponsored institute that encouraged the establishment of AIDS education programming on college campuses.

The Vice-Chancellor of Student Affairs gives White free rein for the program, and has been impressed with the results she achieves. She gives students the chance to take on responsibilities, and offers them acknowledgment and encouragement. White seems to have a gift for tapping into what people want and uses this skill well. She is very much the power behind the scenes. Others are assigned tasks to do, but White manages each task and its time allotment and oversees how it fits into the whole game plan

There is a powerful loyalty to the program and to White. She can call on current or former team members at almost any time for help with a C.A.R.E. need. Alumni are as quick to respond as current students. Because she has been in charge of the program since the beginning, White is considered by everyone on campus to be the source for questions, requests, or problems concerning HIV/AIDS and student issues. She acts as a resource center: when events are planned that relate even tangentially to AIDS, White is informed so that C.A.R.E. can act, through her, as a clearinghouse for any such activities.

ACTIVITIES

Over the last 12 years, the C.A.R.E. program has grown into the largest and most active co-curricular organization on the NCSA campus. It is a vibrant and multifaceted program that involves participants in many ways.

C.A.R.E.'s primary goal is to address risk behaviors and skill-building through education and by increasing awareness of AIDS issues on the campus. The program is structured to meet education requirements at large, and is based on developmental realities. Health classes are required in the eighth grade, and again between ninth and twelfth grade, and include specific information and education on AIDS. At the college level, students in the Dance school receive AIDS education in their Anatomy/Physiology class. Other departments integrate this education regularly into a variety of classes, both formally and informally. One teacher stated, "I don't believe there is a teacher on this campus who (in addition to regular programming) doesn't talk about it whenever it is appropriate."

The hallmark of the C.A.R.E. program is the sense of duty, compassion, and outreach. Growing out of the belief that AIDS is not just the institution's problem but that of the whole community, outreach extends beyond the campus through programs, performances, and direct services provided to the local community.

A broad spectrum of regular events, activities, and teaching disciplines are utilized. Residence hall programs are required of students and discussion of HIV/AIDS is an integral part of several programs each year. Education happens:

- In the academic classroom (in history, English, and other subjects, as well as in health and anatomy),
- In health services (about sexually transmitted diseases (STDs) in a routine physical),
- At social events (in material made available or with the event sponsored by C.A.R.E.),
- Through departmental professional projects (built around AIDS related themes),
- Through health fairs on campus, and
- Through the opportunity to become involved with community projects and organizations doing service work.

There are several annual events that have become the traditions upon which the rest of the program turns. These include Red Ribbon Day, held during AIDS Month (October), and the Academy Awards program, an on-campus fund-raiser for babies with AIDS. Halloween marks the time for treat bags filled with information on HIV/AIDS and other STDs, and a coupon for condoms. Two of the best known annual events are celebrated on World AIDS Day in December. The first is "A Day Without Art." All artwork on campus is shrouded so that it cannot be seen for the entire day: a mute statement about a world without artists. The evening concludes with the second event, the Luminaries of C.A.R.E. Memorial Service, which unites the campus as students light candles for those they honor who have been touched by HIV/AIDS. At the end, white balloons are released for the number of years spent battling the disease. Designed by the students, this service is known and attended by students and residents throughout the area.

Additionally, there have been two "whole school" projects initiated by C.A.R.E. The first of these, in 1989-90, was "Piecings: The AIDS Project," an all-volunteer performance project written, designed, and performed by over 75 students and some community volunteers (including one homeless man living with AIDS who later told a friend that this project had been the highlight of his life). Grants from two foundations and material support from every school at NCSA supported the project. The response from the community was profound. Portions of that performance were repeated in all the local high schools and provided the community with its first venue to explore their feelings about the disease.

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The second event, spurred by all the successes and challenges of "Piecings," was the result of commitment by faculty to help students develop more socially conscious work within the bounds of their professional requirements. The deans of the professional schools and General Studies put this into the production calendar, so that students could participate and at the same time receive professional credit. The result was "Epitaphs for the Living: Words and Images in the Time of AIDS," performed in 1992. Over 100 campus members were involved and the performances were attended by hundreds of people from campus and from the local and surrounding communities.

These productions allowed students to use their talents to bring voice and vision—through drama, dance, visual art, and music—to an exploration of what AIDS has meant to people from all walks of life. The end result of these projects has been greater visibility for the work of C.A.R.E., greater awareness of the issues that surround AIDS and its effects, and increased professional expertise and personal involvement of students who have been a part of these projects.

RESULTS

The influence of the C.A.R.E. program is felt both on and off campus. Evaluations are informal, and while the evidence is mostly anecdotal, it is nonetheless real. Educators report an increased number of students who report being responsible about sexual activity and drug use, who request HIV testing, and who appear to have more serious attitudes about high-risk behaviors. Students turn out in large numbers for traditional C.A.R.E. events, and are very visible in the community working with ASOs

C.A.R.E. members also feel that they have played an important part in reducing the stigma surrounding the disease. There is more openness in the local media and in the community than existed prior to C.A.R.E.'s visible presence in the area. Concerns that the visibility of NCSA staff and students in raising awareness about HIV/AIDS would result in a negative community image or make parents fearful to send their children here appear to have been unfounded. C.A.R.E. events are so professionally designed and executed that feedback has been largely positive.

The Vice-Chancellor of Student Affairs believes C.A.R.E. is important in its education and service roles, and beyond. Students learn to be more responsible and grateful, more socially conscious and aware of complicated issues. In addition, C.A.R.E. provides students with opportunities to be a part of purposeful, caring, and celebratory activities. They get to act on caring feelings and to be appreciated, to make connections with other departments, other schools, and the community at large, and to interact and collaborate with people who are already affected by the disease.

INVOLVEMENT OF INSTITUTIONAL LEADERS

The C.A.R.E. program has the support of powerful figures on campus, from the chancellor on down. The degree of openness in being willing to address the AIDS issue is very different here than on many campuses. From its beginning, C.A.R.E. has been given almost free rein to pursue its mission of educating students about HIV in the most effective ways it can. The Chancellor of NCSA has made a practice of being very visible at events, in studios, and in the classrooms. His support of the C.A.R.E. program can be seen both by his own interest in the program's activities and through vice-chancellors and deans who feel free to encourage students and staff to be involved.

Anytime the C.A.R.E. team has asked for financial, verbal, institutional, or emotional support, it has never been withheld or questioned. Over the years of its existence, C.A.R.E. team members have interacted with trustees, board members, and top administrators regularly, both formally in meetings and informally at events and activities. The relationship between the administration and the team has engendered great respect on both sides. The fact that all critical campus leaders have spoken out in support of the team and the program, either verbally or by appearing at events, and have given financial and emotional support, makes a powerful statement that this program has approval and is protected.

CONCLUSION

What makes this program successful is the absolute dedication to it by many individuals, and Ann White has set the tone for this. When a leader brings these components to a program, and receives support from the administration, the message is sent loud and clear: "This is important!"

C.A.R.E. is a part of the fabric of NCSA, and the program prospects are bright. According to top administrators, this program is safe, even if the director or top administration were to leave or change. Funding is secure, and the network for resources and support, both on campus and in the community, is well established. Staff, faculty, and student team members have developed leadership and political

skills that would allow transition from one leader to another if that is ever required.

The mission is the same at many schools, but how it is supported, the look of it, and the degree of respect it engenders is dependent upon the environment in which it grows and is nourished. The meaning that HIV/AIDS has for this institution and its leaders and students is the ground from which this program has sprung. In the end, it is the dedication and commitment of both the director and the institutional leadership that fuel the results of the C.A.R.E. program.

Stanford University

Project SAVE (Stanford AIDS Volunteer Educators) is the umbrella for attention to sexual health and HIV/AIDS at Stanford University, in Stanford, California. This set of activities is part of Health Promotion Services, a unit of Cowell Health Services.

Clearly, the culture of Stanford University is a key factor in the way HIV/AIDS is addressed on the campus. The nature of the student body and the individual interests of students draw numerous participants to the many aspects of Project SAVE and related activities and services. Students at Stanford are highly motivated academically, energetic about participating in student organizations, and generally come with a service orientation. Involvement in health and health issues undoubtedly is influenced by the reported fact that perhaps 40-50% of the undergraduates at least start out with an interest in pre-med studies, and recently more and more entering students seem to know people who are or have been infected with HIV.

Another interesting and contributing factor to the success of Health Promotion is that 95-98% of the undergraduates live in university residences. In addition, one half of all students at Stanford are in graduate programs, which provides an unusual mix requiring different health promotion services for these two populations. There is also a very active Lesbian, Gay, Bisexual Center on campus that is an active part of a sophisticated, cosmopolitan community.

The nature of the San Francisco Bay Area also influences the knowledge of the community about HIV/AIDS and provides numerous resources for education and many venues for student off-campus service, an apparent interest on campus and one that continues to grow.

SEXUAL HEALTH PROMOTION

Health Promotion Services, directed by Carole Pertofsky, is a unit of the Cowell Health Center, and incorporates staffing and programming on Alcohol and Other Drug Abuse Prevention, Nutrition Counseling and Education, and Sexual Assault and Harassment Prevention, as well as Sexual Health Education, for which Pertofsky maintains responsibility. The sexual health area addresses sexual health, communication, and relationship issues through resource information and referral, workshops, and seminars, and in some academic classes. In addition, there are several student organizations that work in this area that are related to and assisted by Health Promotion Services. These student-run organizations are the Safer Sex Shoppe, Sexual Health Peer Resource Center (SHPRC), and, more recently, VIVA (Volunteers Increasing the Visibility of AIDS). While Peer AIDS/HIV Anonymous Test Counseling is supervised by the Health Promotion Program, these students also are a recognized student organization, as are the Residential Peer Health Educators. Being recognized as a student organization makes it possible to request funding for activities and materials from the Associated Stanford Student Union.

Working with Carole Pertofsky annually is a Staff Specialist, always a recent Stanford graduate, who recruits student volunteers for all aspects of Health Promotion and assists them to get involved in the peer volunteer opportunities. The person in this position also takes responsibility for the Health Library, a resource center in Cowell that includes up-to-date reference materials, books, journals, videos, and interactive software on health issues. These resources are available for the peer educators, student organizational members, and the general student body.

One of the most extensive activities of Health Promotion is an evening of freshman orientation devoted to these topics. For a number of years Carole Pertofsky had involved many students in participating in an interactive theater production called "Sex in the Nineties," which was performed annually for the approximately 1,600 entering students, and followed by dorm discussions. In the spring of 1997, the Vice Provost provided supplementary funding to Health Promotion to update and revise this orientation evening for the entering class that fall. The program title was changed to "The Real World—Stanford," and became an evening of video and live interactive theater that continued some of the "Sex in the Nineties" approach and added new ideas to encourage a healthy lifestyle at Stanford.

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SPECIAL ASPECTS

While all aspects of the Cowell Health Promotion Services appear to be well organized, competently run, and effective, two aspects stand out as important for this case study. They are the HIV/AIDS Anonymous Test Counseling peer group, because of the importance of this function to HIV prevention education on the Stanford Campus, and the Peer Health Educators group, because this seems to be a unique service.

AIDS/HIV Anonymous Test Counseling

The Anonymous Test Counseling program is one to which those involved have great allegiance and indicate great satisfaction from their involvement. Between 10 and 15 students serve in this program; in the fall term they must take a special course specifically for this role before they start serving in the next term and also receive one week of special training. This is another student organization group. The students run the group, set their own schedules, and make sure there is a counselor present when scheduled. In a weekly supervisory session with a clinical psychologist and Carole Pertofsky the students share cases. These peer counselors schedule pre- and post-test sessions for those who are being tested anonymously. During the pretest session, counselors discuss risks and protections and encourage the student to talk about his or her own behaviors. This serves as an educational opportunity and can be followed up on when the student comes back for test results.

The impetus for offering this anonymous testing and counseling program came from student pressure in the late 1980s. The Cowell Health Center had provisions for confidential testing through the staff of physicians, but students, particularly members of the gay community, felt the University should offer the opportunity for anonymous testing.

At the beginning, some on campus considered a program of anonymous testing as a possible problem. For example, the Counseling Service was concerned about having students as counselors, but Carole Pertofsky and one of the counseling psychologists created the course required of all peer counselors, the special additional training, and the weekly supervision sessions. This approach, which allowed for supervision by Counseling, provided some ownership by that unit and alleviated most of the concerns about how the program might work.

Some of the medical staff also had concerns at first about the anonymous testing program. They, too, had a lot of anxiety and concern about the students counseling and about how they would deal with fellow students who had positive test results. The Director of the Health Center was supportive of instituting the new program, but allowed students an alternative choice of confidential testing by a physician.

Most of the students who get tested are not those at high risk. Some believe that high-risk students are likely to be seeking testing elsewhere. The gay subculture has other connections to testing and students with serious drug and alcohol problems also are likely to be getting health services elsewhere.

Peer Health Educators and Advisors (Residential PHEs)

Residential Peer Health Educators (PHEs) reside in residence halls at Stanford and work as members of the residence life staff along with the Residence Fellow, a member of the faculty or staff, and the fairly standard group of residential assistants. The major difference is that the PHE is not a paid position, unlike the other residential assistants. The concept began in the 1994-95 academic year as a pilot program. In that year, eight students launched the program in one freshman residence, five 4-class dorms, and two upper-year student houses. In the following year 18 students served as PHEs, and in 1997-98, 23 different houses included PHEs.

The PHEs serve multiple residential needs related to all aspects of student life. They provide direct health education outreach programs on aspects of sexual health through presentations on safer sex, sexuality, and cultural roles, and on special issues such as lesbian, gay, and bisexual health through presentations by field experts. In addition, they are trained to provide residents with paramedical consultation on self-care issues, or, when appropriate, to provide resource referral to other peer educators or professional health practitioners. PHEs attend weekly supervision sessions with the Director of Health Promotion and the Student Coordinator to ensure content standards are met, and an RN in the Cowell Health Center serves as clinical adviser and provides continuing education to these PHEs.

In addition to the unpaid peer health educators who work in the dorms, two students are paid for work in the Women's Center and in the Lesbian, Gay and Bisexual Center.

PROGRAM BACKGROUND

Stanford University has been involved in AIDS education and prevention services since the mid-1980s. First, an HIV/AIDS task force was formed by the then Dean of Students to identify the roles and responsibilities of various people and programs on campus to respond to the needs of HIV-positive students. In the late 1980s, Project SAVE was started and the

student volunteers were trained by staff from Project ARIS (a community-based AIDS service agency) to provide health education programming on the topic of HIV/AIDS to their peers. Project SAVE has continued to provide HIV/AIDS awareness and education on the campus. Students were initially trained through a psychology course titled "Project SAVE: Psychosocial Issues in HIV Prevention," taught by Carole Pertofsky. Through the years, students in Project SAVE have developed a variety of programs, including a wide variety of dormitory outreach programs, panels with speakers living with HIV, AIDS Awareness Week, and a regional HIV peer education conference. These students also collaborated with other campus and community groups to bring the AIDS quilt to campus.

Other services and programs have also been established on campus to support HIV/AIDS awareness and education. They include the availability of peer HIV anonymous testing, and two student-run centers —Ye Olde Safer Sex Shoppe in the Lesbian, Gay and Bisexual Center, and the Sexual Health Peer Resource Center at Cowell Health Center. Several other academic courses have been offered, including History and Philosophy of Science 120, "Constructing HIV/AIDS: The Epidemic's Second Decade" and Human Biology 142, "Impact of AIDS." Also offered is a two-quarter course crosslisted in Writing and Critical Thinking and Feminist Studies called "Writing AIDS/Writing on AIDS," in which students commit three hours a week to working on writing assignments for AIDS organizations.

While many student- and university-initiated programs had been developed to inform Stanford students about the risks of the disease, comparatively little had been done to identify and contribute to addressing the needs of the local community—particularly East Palo Alto, which has a very high incidence of HIV infection. The Haas Center for Public Service received increasing requests from students who were concerned about the spread of the HIV/AIDS virus and wanted to help educate and provide service to the affected off-campus community.

To begin helping students find opportunities for service in the community, as well as to broaden student awareness of the local prevalence and impact of the disease, several students worked under the auspices of the Haas Center in 1994-95 and 1995-96 as HIV/AIDS interns. These students helped to build collaboration between on-campus programs and community-based organizations. In 1995-96 these interns organized an Alternative Spring Break trip on AIDS, recruited students to participate in AIDS Lobby Day in Sacramento, sponsored a dinner for AIDS-related groups and faculty, and worked with other students and the Cowell Health Center on campus World AIDS Day programming.

During the 1996-97 academic year collaboration between the Haas Center and the Health Center on HIV/AIDS programming became more formal. A change in the academic structure of the Project SAVE course (now reduced to one discussion section of a more general course, Psychology 190/ Human Biology 108, "Health Psychology and the Campus Culture,") threatened the continuity of HIV/AIDS education on campus. The strong interest among students in community service related to AIDS and the shift of the Project SAVE course to a discussion section of the more general course prompted the two centers to work together to build an infrastructure that would support student involvement with this issue both on and off campus.

The Haas Center provided a stipend for an undergraduate student HIV/AIDS Coordinator, with whom Cowell's Student Projects Coordinator was assigned to work to develop ways to build an organization and structure for collaboration among groups.

A New Organization Is Born

In the fall of 1996, names of students interested in AIDS issues were collected in the Health Center and in the Haas Center. Responses to e-mails and conversations with students confirmed the belief that there was definite interest in forming a new student organization; nearly 50 students had contacted the coordinators about becoming involved. Thus VIVA (Volunteers Increasing the Visibility of AIDS) was born. Throughout the fall quarter the coordinators organized weekly meetings of the students to discuss objectives and long- and short-term goals. In November of 1996, the group organized a memorial service in conjunction with World AIDS Day for individuals who have died of AIDS.

That winter quarter VIVA focused on the process of becoming a recognized voluntary organization (VSO) through the Office of Student Activities. In addition, on Valentines Day VIVA celebrated National Condom Day by distributing free condoms in a popular campus plaza in an effort to increase awareness of available resources on campus.

During the spring quarter, VIVA planned activities to raise its own awareness of issues. Students participated in the AIDS Dance-athon in San Francisco, volunteered at the National AIDS Memorial Grove in San Francisco, received training on safe sex education from the Volunteer coordinator of Santa Clara County's Project ARIS, and participated in AIDS Lobby Day in Sacramento with members of the ARIS staff. VIVA also invited two HIV-positive women from Women

Organized to Respond to Life-Threatening Disease (WORLD) to speak on campus.

Communication for Collaboration

Once each quarter the VIVA collaborators organized an AIDS roundtable dinner to initiate communication and forge partnerships among Stanford students, faculty, staff, and off-campus AIDS organizations. They invited students who had been involved in any activity related to AIDS issues. Also invited were representatives from community organizations working on AIDS, faculty members who have taught courses on AIDS, and staff and students from other groups interested in the issue. The presence of members of off-campus organizations was extremely valuable, as they shared information on the services their organizations provide and on volunteer opportunities. Throughout these meetings, participants discussed goals for the future and the great potential of VIVA and the round table to stimulate student participation and awareness on issues of AIDS.

The coalition also worked with students from the Community Service Writing classes and the "Writing on AIDS" class to create a Web page and a brochure. Students created a VIVA Web page that has links to other important AIDS Web sites and will eventually contain a calendar of AIDS-related events and program information from the brochure. The brochure contains important information about HIV/AIDS transmission, risk factors, testing, and common myths about AIDS, and provides resources for people to learn more about and get involved in AIDS issues.

Both the Cowell Health Center and the Haas Center are committed to continuing collaboration on the issue of HIV/AIDS. Building on the decade of innovative campus HIV prevention efforts and active public and community service programs, these two centers are full partners in the training, advising, and supervision of campus and community outreach efforts.

LEADERSHIP FOR HEALTH PROMOTION

In addition to her formally designated role in Health Promotion, and particularly Sexual Health Education, Carole Pertofsky strongly supports the many interests of students related to HIV and AIDS on the campus. She provides advice and help to student organizations that are not directly connected to the Health Center and she works in collaboration with faculty and other staff, particularly in the Haas Center, to facilitate opportunities for students to become involved in sexual health education and community service. There seemed to be widespread recognition that that it was Carole Pertofsky's energy, commitment, and professionalism that kept the focus on HIV and related health issues.

Sexual Health Promotion gets strong support from the Cowell Health Center Director. In addition to the regularly budgeted funds, which essentially cover staffing, extra funds for programming are provided through student health fees. The Vice Provost for Student Affairs and the Dean of Students are both well informed about the program's work and are very supportive of both it and Carole Pertofsky.

MAINTAINING QUALITY IN PEER EDUCATION

All staff who work with student volunteers in health promotion are concerned about taking the steps necessary to ensure that the students are prepared and then supported through supervision. As the Health Center Director said, "When we have students taking those types of roles, you've got to take a deep breath and swallow hard because you really don't know what that's going to be like, but the key issue is staff supervision." In this area Carole Pertofsky is credited with being innovative and consistent in harnessing the energy of students through training and supervision. Students and colleagues recognize that she has specific standards for the peer health educators who work in her program, in order to distinguish them from other student organizations that offer information and advice about safe sex and sexual health.

Syracuse University

Syracuse University (SU) was chartered in 1870 as a private, coeducational university in Syracuse, New York. Today, the university enrolls over 18,000 full- and part-time students. Of these, two thirds are undergraduates, who represent a relatively cosmopolitan group, with well over half of the entering class from states other than New York. Entrance is competitive: over three quarters of the entering class in 1996 ranked in the top quarter of their high school graduating classes. The main campus is located in the center of the community and is surrounded by a number of student-oriented businesses, including restaurants, shops, and bars. Students reside in residence halls, university-owned housing near the University, or in private off-campus housing.

Chancellor A. Kenneth Shaw, a former senior official at the University of Wisconsin, has overseen major changes, including staff retrenchment and the closing of some academic programs. He has been responsible for developing and

implementing the Syracuse University Vision, the institutional mission statement, and the Syracuse University Compact, which are used in academic and administrative planning and activities.

The Compact contains four elements, including a focus on scholarly learning, promotion of a culturally and socially diverse environment, and support of personal and academic honesty. Wellness and prevention education is supported by the fourth section of the Compact, which states that the university community will "maintain a safe and healthy environment for each member" of the SU community. The Compact is sustained by SUIQ, Syracuse University Improving Quality, a program involving 10 actions, including ongoing commitment, review, teamwork, and assessment.

In the early 1980s, prevention and education awareness programs began with the urging of a graduate student who helped to develop and run the first peer education programs. These early programs had administrative sponsorship in the Office of Residence Life. Since the program's founding, peer educators have earned academic credit through the Psychology department in a course that meets weekly for three hours.

Early awareness programs included "Lifelines," peer workshops on such topics as stress management, alcohol and drug awareness, and communication. These programs were delivered primarily to residence hall students, while other peer education programs took place through the Counseling Center and the Health Center. The psychology department was the academic "home" for Lifelines, while Residence Life was responsible for funding the graduate assistants who handled program coordination and assignments.

After the development and implementation of the Compact and SUIQ, the Division of Student Affairs reviewed peer health education programs, and recommended joint core training for all peer educators in such issues as HIV/AIDS prevention, rape, and substance abuse. Beginning in 1995, peer education programs moved from Residence Life to Health Services, which had developed a wellness orientation program and was headed by a new director.

When the peer education programs moved from Residence Life, a full-time professional staff member, Dessa Bergen-Cico, was hired to oversee peer education and other health enhancement activities. The programs are located within the university's health center, which also supports the student counseling center, emergency medical team, and other health-related programs. Peer education and health enhancement activities are funded through the student health services fee, and augmented with occasional private support.

PROGRAM AND PEDAGOGY

Syracuse University's prevention program, H.E.L.P.P.S.U. (Health Education and Leadership Peer Program at Syracuse University), is grounded in a psychosocial development model with a strong emphasis on peer education. H.E.L.P.P.S.U. programs and presentations delivered by the Health Enhancement Coordinator are offered in a variety of venues, including guest lecture sessions in academic courses; components of courses targeted toward first-year students; the required "Life Skills 101" awareness course for athletes participating in NCAA activities; and through other student organizations. H.E.L.P.P.S.U. also plays an important role in such programs as World AIDS Day and as a resource for other organizations developing HIV awareness projects off- and on-campus. Three graduate students assist the Health Enhancement Coordinator and coordinate different aspects of the program.

In addition to classroom and activities sessions, Dr. Bergen-Cico has established a H.E.L.P.P.S.U. presence on the university's World Wide Web page. During the 1996-97 academic year, she established health information in a page called "Navigating the Twilight Zone of College Life," and also has an "Ask Dessa" page that allows students to e-mail questions about health and prevention issues that she answers on the Web site.

Graduate assistants and students enrolled in the program also participate in developing bulletin boards, displays, and publications on campus. The Director maintains extensive health resource files and a supply of free condoms and dental dams at her office and in the Health Center clinic waiting area. She also develops programs for other departments within the Division of Student Affairs, including Multicultural Affairs, International Services, Greek Life, and other programs; and she serves on several University task forces related to HIV and health promotion.

PEER EDUCATORS

The notion of peer education is strongly supported by faculty and administrators. The psychosocial/biological model of development also is the basis for the training of students as peer educators in the H.E.L.P.P.S.U. program. The peer educators seek to increase awareness among their audiences regarding alcohol and substance abuse; risk-taking sexual behaviors; and choices available. The role of the peer educator is defined clearly in and out of class. "They are not

counselors!" said the faculty sponsor for the program. "We want them to educate, to be resource people."

Students are selected to participate in the peer education program in their second through fourth years at Syracuse. Students apply to become peer educators, and are interviewed with a group consisting of current peer educators, graduate assistants, and the health enhancement coordinator. Students selected for the program enroll in Psychology 270/470 for variable credit, participate in an orientation session, and take a common curriculum before they choose a specialization, such as HIV prevention. Coursework lasts two semesters, and a number of students return as "senior" peer educators. Students are selected from throughout the university. Current peer education students represent majors from nursing, communications, pre-medical, and theater studies.

In the psychology course, the peer educators develop expertise through a combination of didactic and active learning. Each student keeps a journal that is reviewed regularly, and counts toward course credit. Learning activities include discussions about such issues as binge drinking and its relation to the peer educator's own social group. The connection between theory and activity provides an element of active learning, and often serves to increase awareness of the peer educators as individuals and as a group. Students enrolled in the program are expected to develop a special area of expertise and offer programs; in addition, they can choose to perform outreach work with other organizations and help to develop other events.

ADMINISTRATIVE/ORGANIZATIONAL SUPPORT

Strong organizational sponsorship and awareness has fueled the growth of H.E.L.P.P.S.U. Syracuse's Vice President for Student Affairs and the Health Services Director provide strong support and encouragement for health enhancement activities. The Vice President has implemented SUIQ in the Student Affairs division in a number of important ways, including increasing awareness of student affairs activities in all segments of the university community. He has helped to highlight H.E.L.P.P.S.U. activities through articles in the official university weekly and the student affairs newsletter, both of which are received by the trustees. He also briefed the trustees on H.E.L.P.P.S.U. during one of their fall meetings.

Peer education is the centerpiece of H.E.L.P.P.S.U., and various members of the university community have noted the impact of peer education upon individual students. The graduate student who was the catalyst for the original Lifelines program wrote her dissertation on peer education programs and maintained contact with many students involved in the program. A number of people interviewed observed that participation provided peer educators with a focus and future direction: several are pursuing graduate work in clinical psychology or human sexuality. The role of the peer educator is that of leader, according to the Vice President for Student Affairs. "There is value and power in peer educators," he said. "They are de facto student leaders," with a high level of training. Like professional members of the Student Affairs division, peer educators serve as facilitators for students' development.

There has been a pattern of increasing centralization of peer education programs, as well as increased professionalism and institutionalization. In late 1996, the appointment of the current Vice President for Student Affairs led to consolidation of several student affairs programs, including peer education, and to a style of collaborative leadership that encourages the health services director to work with the counseling center director on peer education and awareness projects and to provide funding for certain initiatives.

A key factor in the success and development of H.E.L.P.P.S.U. lies in the administrative experience and visibility of its principals. The VP for Student Affairs is a longtime administrator who joined student affairs after nearly 20 years working in academic support and academic affairs units. The health services director is a nurse with an advanced degree in public health with important prior experience in wellness models, as well as an interest in working closely with faculty and other administrators.

Peer educators remain the most visible component of H.E.L.P.P.S.U., but the appointment and support of a professional staff member as program leader, rather than a graduate assistant, connotes both institutional support and control away from an entirely student-driven model. The VP, health services director, and the health enhancement coordinator all have strong ties with and experience in academic affairs at Syracuse, and their affiliation with faculty and academic administrators has also led to developments such as an infusion piece on prevention that can be used in the undergraduate curriculum.

CONCLUSION

Syracuse, through inspired and consistent leadership on the part of students, faculty, and administrators, has developed a strong HIV prevention education program that provides

peer educators with a strong theoretical basis of knowledge. HIV prevention efforts at the university include the H.E.L.P.P.S.U. program, along with standing university-wide committees. The Syracuse University Compact, with its four main goals, and the SUIQ program, with its 10 steps for review and improvement, have grounded a program that was well established and protected by its founders, primarily the faculty sponsor and some early graduate assistants.

When peer education programs moved from Residence Life to Health Services two years ago, the audience for HIV prevention programs increased greatly, as did opportunities for collaboration and oversight. Prior to the appointment of the current Health Services Director, health care at Syracuse did not incorporate wellness or peer education. The administrative moves of the Lifelines program changed that, and use of the student health fee also provided funding for a full-time Health Enhancement Coordinator.

In addition to overseeing peer education programs, Dr. Bergen-Cico performs several other roles, including design of curriculum for numerous other programs, intervention in crisis situations involving student drug and alcohol abuse, and facilitation of ongoing worship on eating disorders. Despite the short time she has spent in her administrative role, and the relatively large size of the campus, Dr. Bergen-Cico is often the first person faculty contact when they experience perceived substance or behavioral problems with their students. H.E.L.P.P.S.U. has provided its participants with opportunities to develop important skills in critical thinking, presentation, and general communication. Students selected for the program are strongly motivated, and many in the program have continued as volunteers beyond the year in which they took academic credit. "This isn't like a course at all!" one student said, praising the opportunity she has received for developing her own ideas. The program walks a careful line between facilitation and supervision, which is enhanced by a supportive professional staff member present.

As an institutionalized program with many demands placed on it, H.E.L.P.P.S.U. has a dedicated staff and students who reach hundreds through participation in the peer education program, as well as through the numerous workshops that have been offered for over a decade. The Health Enhancement Coordinator balances H.E.L.P.P.S.U. with peer counseling, crisis management, and numerous administrative responsibilities. H.E.L.P.P.S.U. has benefited from the steady sponsorship of the chancellor and the VPSA, as well as the health services director. The strong leadership of the VPSA, who has encouraged his staff to become visible through presentation of their programs, has made H.E.L.P.P.S.U. more visible both within the campus community and to the trustees and Parents' Board members.

University of Massachusetts at Amherst

The University of Massachusetts at Amherst is located in western Massachusetts approximately 30 miles north of the city of Springfield. With an average full-time enrollment of more than 25,000 students, U. Mass. Amherst is the flagship campus for the Commonwealth of Massachusetts. Standing with quiet distinction in the shadows cast by many of the campus's enormous contemporary skyscrapers are the small, ivy-covered Georgian buildings that serve as a reminder of the University's founding in 1863 as one of the country's first public land-grant institutions of higher education.

The context for HIV education and prevention is broad and without departmental boundaries. In other words, there is no core HIV/AIDS prevention and education per se. This makes use of the term "program," with its singular connotation, somewhat misleading. Despite the ambiguity surrounding entitlement of a core program, it is clear that the University Health Education and Outreach Division (HED), in University Health Services, is the primary source of information and support concerning HIV/AIDS education and prevention. Consequently, this report is focused primarily on HED's programmatic efforts and describes their connections to other relevant campus units and constituencies.

The mission and goals of the Health Education Program within HED are:

"to promote, provide and coordinate comprehensive health education services to students, their families, and members of affiliated contract sites, based on individual and community needs. The program seeks to raise awareness of health issues and to promote health within the seven dimensions: physical, emotional, intellectual, spiritual, economic, environmental, and social. The program also strives to influence community and organizational policies and norms that support healthy lifestyle choices."

(Taken from October 1997 report prepared by Pamela G. Gonyer, Director of HED.)

ACTIVITIES AND INTERACTIONS

A number of activities and interactions define the approach of U. Mass. Amherst to educating the institution's community.

These include training activities, educational resource and referral services, curriculum infusion, extracurricular activities, student involvement, and clinical testing and treatment services. Each component is discussed in more detail below.

HED activities specifically related to HIV/AIDS include training and consultation services for professional and paraprofessional residence life staff, University Health Services clinical staff, Family Housing staff, and the Everywoman's Center, as well as Student Teachers. As an extension to HED's HIV/AIDS programming, the Athletic Health Enhancement Program (AHEP) Director provides full-time, on-site programming to student athletes, coaches, and related staff. Campuswide resource and referral information includes a range of printed materials, posters, and videos for individual educational consultations. HED enjoys a full-time Graphics Production Manager and is the campus's primary source for health-related printed materials. Bulletin board kits are readily available for resident assistants, sorority and fraternity chapters, and other student groups.

Health Education staff members are frequently invited to address complex issues associated with HIV and AIDS by professors from numerous academic departments in courses such as "Drugs and Society," "Graphic Design," "Introduction to Psychology," "Sociology, The Family," "Sex, Drugs and AIDS," "Physiopathology, Nursing," and "Service in the Latino Community." HED has also taken the important step of developing the Health Reach International Program. With a full-time director, this program focuses primarily on understanding and supporting the health-related needs of the international students and families in the U. Mass. Amherst community.

Taking advantage of the long-standing strength of a five-college consortium (Smith College, Mount Holyoke College, Amherst College, Hampshire College, and U. Mass. Amherst), members of the University's HED team are actively involved in the 5-College HIV/AIDS Committee. This committee works together to plan collaborative programs and to discuss approaches to current issues related to HIV/AIDS education and prevention. One highly publicized annual event is World AIDS Day, during which the five campuses coordinate media messages, share guest speakers, and jointly schedule and host special events for the entire western Massachusetts community.

Another critical component to U. Mass. Amherst's HIV/AIDS education and prevention efforts is the Peer Health Education program. The Peer Educators program engages students in a two-semester academic course credited through both the School of Public Health and the School of Education. The course covers contemporary college student health concerns from a prevention perspective and, in the second semester, enrolled students conduct educational workshops and events. Student Health Educators can also become involved in leadership efforts focused specifically on Contraception Education. The Peer Health Connections phone line is staffed by students trained to respond with information and referrals related to concerns and questions about HIV/AIDS as well as other health-related student life issues.

Another component of U. Mass. Amherst's peer education efforts is Queer Peer Education. This comprises an independent study course designed to provide students an opportunity to conduct educational programs, coordinate special events, and serve as public speakers on GLBT issues in health care and health promotion. Up to three course credits can be earned. The Women's Health Project involves students in a variety of strategies to promote and enhance women's health on campus. The Not Ready for Bedtime Players peer theatre troupe engages student volunteers in writing and performing skits relevant to a myriad of student life issues, including AIDS and HIV education and prevention strategies.

HED is responsible for establishing and coordinating the campus HIV Anonymous Test Site and also offers pre- and post-test counseling during the full year, in accordance with CDC and the Massachusetts Department of Public Health guidelines. Clinically based activities are housed in the same physical space as HED and include diagnosis, intervention, and treatment services and ongoing management of health-related problems by medical and mental health services.

Two student and community outreach and educational resource centers, "The Stonewall Center" and "Everywoman's Center," include HIV and AIDS education in their professional staff training activities and offer informational brochures and referral services. In addition to utilizing the HED staff and Peer Educators in training and programming activities, the Department of Residence Life engages in a large-scale distribution and education program coordinated through HED.

PROGRAM EVALUATION

A series of assessment measures have been employed over the past decade to gain insight into program direction, campus community attitudes, and behavior trends, as well as educational and prevention effort outcomes. HED

professional staff conduct surveys intended to elicit program participant responses, suggestions for changes on future programs, and participation numbers at the myriad educational presentations and activities conducted over the course of the academic year. Additionally, HED monitors specific activities such as condom distribution, and conducts routine evaluations of HED services, peer development programs, and health education courses.

Campus-wide efforts to evaluate student awareness and behaviors related to AIDS and sexual attitudes have been conducted sporadically over the past 11 years by the "Project PULSE" team of the Student Affairs Research and Evaluation Office. Prompted by HED, "Project PULSE" has conducted random sample surveys of hundreds of U. Mass. Amherst students. After conducting an initial AIDS survey on September 28, 1998, "Project PULSE" conducted a follow-up survey to assess the impact of AIDS Awareness Month programming throughout the month of October. The findings indicated that students who participated in the follow-up survey were more likely than those in the September survey to recognize their susceptibility to AIDS and that the percentage of students who were aware that AIDS can be transmitted from woman to woman increased.

KEY INFERENCES

For those engaged directly and indirectly in teaching and learning about HIV and its prevention, efforts to educate the campus community are viewed as a socially constructed process guided largely by the wide range of learner response patterns to the various programs and educational leadership opportunities. A powerful assumption underlying this conceptual approach is this institution's beliefs about social justice, equalizing learner-learned relationships, valuing humanness and diversity, and acknowledging and affirming what learners bring to better understanding HIV and its prevention.

Despite the hierarchical nature of the institution and the inevitable trappings of a bureaucracy, attempts to equalize relationships between who is the "knower" and how knowledge is shared are evident at every institutional level. This becomes critical considering, in general, the historically controversial context within which AIDS and HIV education and prevention are situated.

Both the Vice Chancellor and Associate Vice Chancellor of Students spoke of their attempts to advocate for support of ongoing as well as new initiatives surrounding HIV education and prevention activities. They also confirmed the assumption that HIV education and prevention efforts are student-centered. In addition, they spoke of the formal as well as informal layers of communication that occur within and between their office, HED, other institutional units, and the student population, helping to make what they considered "exemplary" HIV education and prevention efforts possible. Educators and administrators connected to U. Mass. Amherst's HIV education and prevention efforts harbor a deep sense of trust and commitment about what they and their colleagues are doing. Comments such as "it costs less to prevent AIDS than it does to treat it" reflect a shared trust that their mission, focused on "raising awareness" and "promoting health" as the right thing to do.

HED's current belief systems about the appropriateness of primary prevention and education and the trust among staff to effectively provide those services is linked to another important aspect of this program's success: commitment to progressive, innovative programming. In 1987 the then Executive Staff of U. Mass. Amherst adopted a comprehensive long-range plan for AIDS and STD education. One recommendation of the plan included the establishment of a University Committee on AIDS by the then Chancellor. This committee's work can be viewed as the cornerstone for much of the energy, attention, direction, and commitment that the current program retains.

This campus-wide committee worked to fulfill its charge until April 1993, at which point, feeling it had met its purpose, the chairperson announced sunset. The experience of the committee was an important show of commitment on the part of institutional leaders; it had brought together administrators, medical professionals, students, health educators, and faculty. By "beginning a process for identifying and seeking resolution of campus-related issues germane to this enormous social problem," institutional leaders as well as service providers were given tacit permission to take bold, creative programmatic steps from a position of strength.

It is clear that a number of individuals and teams approach their work around HIV education collaboratively. Many formal and informal strategies for programming and service delivery cut across institutional units, involve local colleges, reach out to the greater Amherst community, and rally support and involvement from leaders in the upper-level administration. It is important to note what may be obvious: successful HIV/AIDS education and prevention programs depend on highly flexible and collaborative practices—both in the design and the delivery of services.

Currently at U. Mass. Amherst, the administrative arm of the University is invested in educating students about HIV. Many believe resources for primary prevention efforts should be further tipped toward education versus intervention and treatment. The Director of HED, while recognizing the value of increased resources, is interested mainly in focusing on what she and those working in and with HED do have, including "an increasingly more developed relationship" with the clinical service unit of University Health Services. This type of flexible and collaborative thinking that leaders at U. Mass. Amherst are engaged in is the thinking that paves the way for successful programmatic efforts.

The debate relative to HIV education and prevention is a dynamic one at U. Mass. Amherst. It manifests itself in strong peer education programs that enjoy positioning in certain faculty syllabi; a public health nurse and an Employee Assistance Program Director team-teaching and training University staff; and a University Chancellor who attends an annual Students Affairs Convocation to take in a skit performed by the Not Ready for Bedtime Players. Through flexibility of thought, freedom of word, and collaboration of deed, U. Mass. Amherst lives with rather than stymies the debate.

There exist opportunities for individuals and student groups to broaden their awareness about the political, economic, and social implications of an AIDS epidemic. There are avenues for exploring clinical responses to the problem. Annually, large displays of solidarity are organized honoring those who have been overcome by the disease and raising the awareness of all who have not yet been touched by it directly. There are numerous opportunities for students to become informed leaders in the fight to prevent the spread of AIDS. And, whether these opportunities, events, and efforts occur with more or less frequency and fervor than they should is a philosophical question which can not be answered until researchers fully understand the nature and hence the cure for HIV. U. Mass. Amherst's flexible and collaborative thought and response patterns relative to the HIV/AIDS epidemic match the insidious nature of the disease itself. As boldly pronounced in a moving dialogue by one of the *Not Ready for Bedtime Players*, "AIDS does not discriminate." Neither should institutions in their attempts to understand and respond. As complex and potentially ambiguous as it may be to custom-tailor an institutional response to the issues surrounding HIV, it is precisely this flexibility and collaboration that will help ensure that institutional leaders' efforts do not, in fact, discriminate.

Western Michigan University

I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do, interfere with what I can do.

—Edward Everett Hale

Christine Zimmer, the Director of Health Promotion and Education at Western Michigan University (WMU), not only displays this quote prominently in her office for others to see, she lives it. There is one central theme that pervades this program—one person can and does make a difference.

Western Michigan University is located in Kalamazoo, Michigan, and is the only public Doctoral I university in Michigan. A graduate-intensive institution with 22 doctoral programs, WMU has more than 26,000 students representing 93 different countries. At WMU, the Office of Health Promotion and Education has worked hard to infuse its mission and work throughout the campus and has become quite visible despite its small staff.

Over the past ten years, the Office of Health Promotion and Education, Sindecuse Health Center has created core theory-driven, skill-building approaches to sexual risk reduction at Western Michigan University. The WMU HIV/AIDS Task Force, the Office of Faculty Development Services, the College of Health and Human Services, the Health Physical Education and Recreation Department, Residence Hall Life, University Computing Services, and the Department of Theatre have all participated as key developers and promoters of these endeavors, creating a network of partners in health across the university community.

Programs aimed at sexual risk reduction are a component of a 19-year-old, broad-based health promotion program targeted to students, faculty, and staff. The mission of the Office of Health Promotion and Education is to enhance the quality of life for university students, faculty, and staff through a network of accessible information, skill-building, and supportive resources. These are designed to promote health and prevent disease from an intellectual, physical, emotional, social, and community perspective. Programs and resources developed to impact sexual risk reduction have evolved over the years to include a multidimensional, multi-layered approach to reducing harm. All projects have undergone continuing quality improvement through ongoing evaluation intended to increase accountability for attitude and risk behavior change. There are five components of the overall program associated with HIV risk reduction.

USING THEATRE TO REDUCE HIV RISK

Live theatre provides experiential learning that awakens multiple senses. Great Sexpectations Touring Company, now entering its seventh performing season, is a thought-provoking production that brings to life the feelings, beliefs, and behaviors common to young adults when confronted with sexual decisions in a world of seduction, substance abuse, and social pressure. Using the power of improvisation, theatre students work with a professional director and producer to create scenarios that address common sexual and substance abuse concerns. The performance includes realistic, perceptual, visual, and aural elements to create multiple learning environments. Scenes are developed based on educational objectives and on theories of persuasion and behavior change that promote critical thinking and communication skills to prevent harm, increase self-respect, and build healthy meaningful relationships.

Great Sexpectations Touring Theatre Company represents a shared partnership between the Office of Health Promotion and Education and the Department of Theatre. It has involved the development of a complete course syllabus with supporting materials to assist cast members with the content and process of improvisational ensemble performance and group facilitation focused on risk reduction. The company tours all freshmen residence halls at Western Michigan University and has performed at conferences and institutions of higher education throughout the Midwest. They have achieved a national standard of excellence in using theatre in education to affect the perceptions and beliefs of student audiences. More than 3,000 students viewed the show last season. Eighty-nine percent of those completing evaluations said they would be more likely to make protective sexual choices as a result of what they experienced through the performance.

INTERACTIVE COMPUTERIZED HIV RISK ASSESSMENT AND HIV TESTING AND COUNSELING

An interactive computer program entitled "HIV: Assessing Your Risk" was developed through the collaborative efforts of the Office of Health Promotion and Education, Sindecuse Health Center, and the Office of Instructional Technology Services, University Computing Services. It provides an anonymous, user-friendly, personal approach to HIV education and risk assessment. Designed by a multidisciplinary team of students and professionals, it offers education for informed consent, a computerized risk assessment, and a printout of personal risks. This program can be used as an initial component of HIV counseling and testing or as stand-alone activity to help students evaluate the need for HIV antibody testing. When used as a component of counseling, the assessment allows a client-centered approach to risk reduction and skill-building. In addition, the program generates an anonymous database to track demographic information of users.

Students introduce the program content by sharing their feelings about the counseling and testing process. Animation is used to give a brief overview of HIV infection; HIV transmission and risk reduction factors are described with the help of colorful graphics; and information about counseling and testing is shared. The client is then asked to respond to questions regarding factors that affect immune system function. Special emphasis is placed on the individual's relationship to alcohol. This is followed by assessment of sexual exposure, interpersonal communication skills, and relationship-building. Peers offer guidance throughout this process. The "actors" in the interactive computer program represent diverse backgrounds to try to ensure comfort and empathy for all who use it.

"HIV: Assessing Your Risk" is used by increasing numbers of Western Michigan University faculty as a co-curricular assignment for students, followed by a reaction paper in which students process the program's impact on harm reduction in their lives. Qualitative and quantitative evaluations demonstrate that the computer format is perceived by students as a safe and private way to assess their risk of exposure to HIV.

Anonymous HIV Testing and Counseling takes place in the health center and employs Orasure® technology. Students typically would go through the CD-ROM program, via self-referral or referral from physician or nurse, to assess their risk. They would bring the results of this assessment to a pretest counseling appointment with an HIV nurse, who would then assist the student in administering the Orasure® test at the end of the counseling session. After obtaining the results, the nurse would provide post-test counseling in a private room within the Office of Health Promotion and Education. One of the ways that students may be persuaded to use the computer program is through peer education, another aspect of this broad-based program on HIV risk reduction.

SEXUAL HEALTH PEER EDUCATION: PROFESSIONAL DEVELOPMENT THROUGH SERVICE LEARNING

The Office of Health Promotion and Education selects 10 to 12 students each year to complete a two-semester commitment of training and leadership as Sexual Health Peer Educators. Peer educators develop skills to assist other students with choices regarding relationship-building, sexual communication, and prevention of unwanted, regretted sexual experiences. Many faculty members have incorporated the peer educators into their courses. Peer educators present their knowledge in classes (particularly health and first-year orientation classes) that enroll between 10 and 200 students.

Each first-semester educator is assigned to an experienced second-semester student who becomes a coach and mentor. Coaches assist first semester students in learning core sexual health content and in developing skills and confidence through competency-based learning modules. In addition, second-semester peer educators lead programs, provide one-on-one appointments, and leave a legacy through learning resources they create for others. Program coordinators who have completed two semesters of peer education hold office hours and provide team leadership for needs assessment, program development, marketing, project facilitation, and program evaluation.

The academic departments of Family and Consumer Sciences, Health, Physical Education and Recreation, and Psychology assist with recruitment of highly motivated students and provide academic credit for the Sexual Health Peer Education experience. Peer educators contribute a valued service to the university in ways others could not replicate. They touch the lives of nearly 4,000 students each year through a variety of projects and learning activities.

CURRICULUM INFUSION AND CAMPUS INFUSION (HIV/AIDS TASK FORCE)

Partnerships with faculty expand and deepen integration of HIV risk reduction education through curricular infusion. A new General Education requirement for two academic credits of Health and Fitness was initiated in the Fall of 1997. Courses that satisfy this requirement must advance students' knowledge and ability to influence their own health destinies and reflect national priority areas for reducing preventable death, disease, and disability, with a specific emphasis on HIV infection and alcohol abuse. The Office of Health Promotion and Education worked with faculty to develop these standards. Additionally, the office has created ongoing relationships and curriculum infusion modules on HIV risk reduction with courses in the College of Health and Human Services; the Health, Physical Education and Recreation Department, College of Fine Arts; the College of Engineering and Applied Sciences; and the College of Arts and Sciences.

University faculty leadership enacted an HIV Education and Prevention Committee as an arm of the University HIV/AIDS Task Force. The Task Force was created in 1989 to take care of the formal university policy on HIV/AIDS. The Education and Prevention Committee was created in August of 1993 to create a community that supports prevention and responds humanely to HIV/AIDS. It works to develop, implement, and evaluate a comprehensive multidimensional plan for promoting primary and secondary prevention of HIV infection and promotes sensitive, responsible, and compassionate attitudes and behaviors regarding HIV/AIDS issues.

The Dean of the College of Health and Human Services sat on this committee, which seemed to give it instant credibility and access to the provost. This helped when conducting an HIV/AIDS prevention conference, creating sets of brochures, and bringing in national speakers. In addition, the campus community was most proud of the tremendous effort involved in bringing the NAMES Project AIDS Memorial Quilt for display. Over 1,100 volunteers helped to bring the project to campus, where over 15,000 people attended the event.

HEALTHQUEST INTERACTIVE RESOURCE SYSTEM

The latest project at WMU was a HealthQuest Interactive Resource System, featuring a computer-assisted resource center and a World Wide Web site accessible from residence hall, office, and home computers. A team of selected faculty, staff, and students worked together to create goals, objectives, and strategies for implementation of this system.

These five aspects of this broad-based program provide a brief description of the myriad ways Western Michigan works to reduce the risk of HIV on its campus. What is apparent is that the program is constantly changing and evolving to meet the needs of the campus community. It has a rich history, but has not rested on its laurels.

LEADERSHIP

The program's success and its ability to thrive are, in large part, because of the powerful and extremely dynamic leadership style of the program director, Christine Zimmer, who works in the Sindecuse Health Center within the Division of Student Affairs.

The director of the health center describes how Ms. Zimmer constantly strives to seek quality and works doggedly to assess the value of her programs:

Chris's main job is to provide direct health promotion and health education type programs across campus. ...She does the work of four or five and so we are able to get the work done. Chris has linked and made collaborative efforts between non-academic and academic departments particularly through curricular infusion. She has led the way in this incredibly high quality work. ...Everything in this program: curricular infusion, peer educators, in Great Sexpectations, in the health resource area and how Nurses HIV link has all been done with her standards. ...I have lots of concern that in the future that one person won't be able to do what she does.

One of Ms. Zimmer's strengths is her ability to engender trust and build relationships with faculty, students, and staff. The head of Faculty Development on the campus notes the importance of the program director's influence on the HIV Education and Prevention committee:

There could never be a more dedicated or committed person than Chris has been. . . . She does things with such thoroughness and attention to detail that you know she just never drops the ball. What this has meant to this group can't be overstated.

The Director of the Great Sexpectations theatre troupe with whom she has worked says, "She is not obsessive with excellence but is highly self-motivated and highly organized and she can mobilize and move toward excellence because she seeks it." She is seen as "selfless not selfish" in any way.

The Role of Student Leadership

Ms. Zimmer works hard to select and develop students and their leadership is a vital aspect of the program's success. Since she has only one full-time assistant, the role of students as paraprofessionals and support staff is immense. Students play vital roles in peer education and in curricular infusion. In addition, students are often profoundly affected by their roles as educators. All of the students who work in the program seem to become advocates for this program that influences the campus community in profound ways.

CONCLUSION

The title of this program, "A Multidisciplinary Collaborative Approach to Sexual Risk Reduction," clearly states that substance over style matters most. The program is indeed multidisciplinary and provides the advantage of having varying perspectives across disciplines. It is collaborative and in fact relationships may very well be the reason for the success it has on the campus. What the title misses is the key ingredient: the leadership of the program director, who consistently and forcefully will not let what she cannot do get in the way with what she can.

Western Washington University

Western Washington University is a comprehensive regional university situated in Bellingham, a city of 58,000 on Bellingham Bay, 90 miles north of Seattle and 55 miles south of Vancouver. The University is one of six state-funded, four-year institutions of higher education in Washington. Founded in 1893 as a normal school, it is now made up of six colleges and the Graduate School.

While the institution has evolved into a university of 11,000 students, it states that it "continues to emphasize care for the individual student, commitment to academic excellence, and dedication to community service." In 1995-96, 4,974 University students contributed 694,444 hours of service to local communities, primarily in the two surrounding counties.

WWU'S FOCUS ON HEALTH

Prevention and Wellness Services, the Health Center, and the Counseling Center are units of Student Affairs and are administered by the Assistant Vice President of Student Affairs, who also serves as Special Assistant to the President for Diversity. This organizational structure is somewhat unusual in that the three units function as equals. On many campuses wellness and prevention is part of the health service. Here, the units are structurally independent but collaborate and coordinate their work.

Sexual Health Promotion is part of a large peer education program known as the Lifestyle Advisor Peer Education and Counseling Program. This is operated as part of Prevention and Wellness Services, which, along with the

Counseling Center, occupy the top floor of the renovated Old Main Hall, a central campus building that houses most student services and the top-level administrative offices.

Primary Prevention and Wellness Services is directed by Patricia Fabiano, whose title is Associate Director of Prevention and Wellness Services, a little confusing since she is totally in charge of this area. This unit includes the Student Health Assessment and Information Center (SHAIC), the Lifestyle Advisor Program, and Alcohol and Drug Consultation and Assessment Services. Staffing includes a professional who works with the alcohol area, a health educator, program manager, and a nurse who is the SHAIC coordinator. This nurse coordinator position for SHAIC was transferred from the Health Center as part of the working relationship between these two units.

Funding for Prevention and Wellness, as well as the Health Center, essentially comes from student health fees, while funding for Counseling is from state funds. Through the efforts of Pat Fabiano, Prevention and Wellness Services has received over $400,000 in grant funds.

LIFESTYLE ADVISOR PEER EDUCATION AND COUNSELING PROJECT

Lifestyle advisors are peer educators who use their health education knowledge to assist other students and increase the "health literacy" of the campus. Lifestyle advisors receive no financial compensation, but gain valuable hands-on experience in leadership, group facilitation, speaking, peer counseling, marketing, graphics, and outreach by choosing one of a number of areas in which to work. Lifestyle advisors come from all academic majors and bring unique skills and diverse perspectives into their health promotion projects. They take a four-credit class in the spring quarter (Health Education 250) and return to campus two weeks early in the fall for intensive training in a health specialty.

Several aspects of this programming stand out for the focus they provide on HIV prevention.

Student Health Assessment and Information Center (SHAIC)

SHAIC is a student-centered, self-care center. Lifestyle Advisors, under the supervision of a RN coordinator, offer low-cost, high-benefit prevention services, assessment, resources, and referrals to promote self-responsibility. A major program based in SHAIC is carried out by a group of 10 Lifestyle Advisors trained by Washington State and campus health professionals to provide the pre-and posttest counseling sessions for Western students seeking free anonymous HIV antibody testing. Staff from Student Health Services, Counseling, and Primary Prevention and Wellness Services provide the HIV Peer Counselors with professional training and supervision. This program offers students an opportunity to gain skills in peer counseling and consultation, HIV risk reduction, boundary setting, and the art of referral.

Wellness Speakers Bureau

Lifestyle advisors present interactive, nonjudgmental health promotion and prevention programs in campus residences and to other student groups. Students learn to present health information from a positive, proactive perspective that empowers their peers in making and sustaining healthy choices. Topics include alcohol and drugs, sexual misconduct, prevention, sexual health (including HIV and other sexually transmitted disease prevention), and other more general health topics.

Social Marketing and Outreach Project

Social Marketers creatively promote healthy lifestyle choices on the Western Washington campus. Social marketing challenges the stereotype of the "imaginary peer" (i.e., the theory that students greatly overestimate other students' use of alcohol and drugs) by waging "campaigns of accuracy" about student life on our campus. Social marketers create radio promos, develop posters and bumper stickers, and develop innovative outreach educational materials. Social marketers use and develop creativity in commercial marketing techniques, graphic design, public relations, communications, journalism, and marketing for socially relevant objectives.

PEER EDUCATORS

During the campus visit, two sets of students were interviewed for this report. Seven women students who are trained to do "rubberwear parties" talked about their work and three students who do HIV test counseling discussed this particular service of the Health Promotion Program. The students who are trained to do the parties were very enthusiastic about the advantages of peers providing sexual health information to their fellow students. Several of these students had worked as lifestyle advisors in other areas and talked about how this new role was having a great impact on them as well as other students, particularly their own circle of friends and acquaintances. A couple of these students gave examples of

how they believe they have "seen it change my friends already."

Formally they meet with the residence assistants at the beginning of the year to inform them of the programs they can provide in the residences. The RA can call the Prevention and Wellness office to request a "party." At a particular party, they may provide questionnaires, lead games and interactive discussion, and answer individual questions in the group or privately afterward. They feel that when they talk about sexual issues as peers they have more credibility than would an authority figure, because they can relate to the pressures of work, school, balancing a relationship, and making decisions about sex. In addition, they are able to address the issues in a way that tries to show that it actually can be a lot of fun if you think about it and do it safely. They are very careful to use inclusive language and only talk about partners—insertive partners and receptive partners. One student mentioned her work at the ethnic student center, where she offered information on SHAIC, HIV testing, and other aspects of the program.

The peer counselors for anonymous HIV testing indicated that this part of the program is the hardest to get into. At the end of the class, members request the area they want to work in and many would like to be peer counselors. However, there are only 10 slots available. Each person must work a half a day each week and they are obligated to be there when scheduled. The counseling takes place before the test and then again when the results are provided. These counselors believe the testing situation provides an optimum opportunity for education. The first half of a 20-40-minute session is devoted to "HIV 101," and the second half is on risk reduction, condom use, and factors that have contributed to the need to be tested. Each client fills out a questionnaire before seeing a counselor. Some of the things reported indicate problems that suggest the counselor should refer the student for professional counseling. Many of these problems relate to alcohol and drug use, and the peer counselors feel that most students with these problems accept the referral because it is given in a nonjudgmental way. They feel that alcohol and sexual assault are the two biggest problems they see among those being tested.

HIV test counselors receive state training in addition to the course and the special training given to all the students who participate in the lifestyle advising program. The emphasis in training is on people skills, to emphasize the need to connect with the client and not to be seen as preaching when trying to get across important information.

Both sets of these students indicated a belief that, in general, there is not much concern on the campus about the threat of HIV infection, but much concern about STDs. Still, they all feel that what they are working on is very important and that these are serious matters to lay before their fellow students. They all talked about the additional personal benefits they gained through participation in the program. They indicated that there is much support within the group, "because everyone is believing in issues you believe in." In addition, the social support is one of the reasons so many people want to get into the program. They indicated that they learn to be comfortable talking about sexual matters with anyone, which is another way they educate. Just by being peer educators, it was pointed out, they probably do as many one-on-one sessions as they do formal programming.

DEVELOPMENT OF PREVENTION AND WELLNESS AT WWU

Pat Fabiano arrived at Western Washington in 1990 to develop a new emphasis on wellness. The university reorganized and put health, wellness, and counseling under the supervision of an associate vice president for student affairs. When she arrived, there was only one professional in this area, a Health Counselor.

With wellness programming experience in two other institutions, Ms. Fabiano wanted to institute a peer education program that would attract a substantial number of students. She feels it is wrong to have a small cadre of just the "best" students to do programming. She changed strategy and wanted to attract 1-2% of the students on campus in peer education classes, with the expectation that this would establish an active peer program. She indicated several problems she felt she faced at the beginning: There was no space for her program, no money, and the expectation that one person would do health education. Additionally, some felt students could not and should not do this kind of education. She is a great believer in motivating students and set about to find a way to institute the peer education program.

One of her first steps was to form a connection with the Coordinator of the Health Education program in the Department of Physical Education, Health and Recreation. This individual agreed to sponsor a course that Fabiano wanted to develop and teach as the entry to the Western lifestyle program. Because of the curricular structure, they were able to offer the course first on an experimental basis, and then later got full approval for a 200-level, four-credit course called "Health of the College Student." From the beginning, students in the course are also required to have

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additional training before doing peer education the following academic year. The course regularly attracts about 70-80 students.

In the early days of the new peer education program, there were some who were skeptical about various of its aspects. Some doubts may have been because there had been a group of students known as lifestyle advisors who mostly did "rubberware parties" on campus. More serious, however, were concerns from counselors about students taking on anonymous HIV testing counseling.

After working with Fabiano and the students, those in counseling who had been skeptical now support the program and assist with training and supervising the student counselors. There is a strong working relationship between the Counseling Center and the peer education program, particularly in the testing area. Peer test counselors can refer students to counseling and can also themselves be provided counseling if needed when dealing with particularly difficult problems.

Pat Fabiano's efforts to collect data, to insure legitimate academic content for the course, and to provide substantial supervision for the peer education components of the program have almost eliminated criticism. Early on, she had an office next door to the Office of Institutional Testing and Assessment. Because she has an interest in institutional research she "hit it off" with the director and established a working relationship that has provided her with hard data to use when required to support the work she is doing.

Fabiano believes that success has bred success and that over the years she has been able to build on accomplishments and incorporate the interest of students, which has been a key factor. It appears that the program is fairly well known, has few critics, and is well respected by those who know it.

LEADERSHIP FOR WELLNESS AND SEXUAL HEALTH PROMOTION

This review of sexual health promotion, with a focus on HIV education and prevention, clearly places Pat Fabiano at the center of influence and in the key leadership position. She stands out as the person shaping the current set of activities and gaining acceptance for the philosophy that guides Prevention and Wellness on the Western Washington campus. She is also fortunate to have the collaboration of colleagues and underlying support from key university administrators.

The relationship of the Student Health Service and Prevention and Wellness Services is unique at Western Washington University. The current Student Health Services Director, an experienced MD, is enthusiastic about collaborations with Wellness Services and supported moving the nurse position from the health center to Prevention and Wellness Services to coordinate the work of the Student Health Assessment and Information Center (SHAIC). The professor in the Health Education Program, with whom Pat Fabiano collaborated, has clearly provided leadership for establishing the credibility of the peer education program. Her work with Fabiano in designing the first course and taking responsibility for moving the proposal through the approval process made her a leading supporter for the new wellness program.

At an institution as large as Western Washington it is sometimes difficult to see much evidence of support for health and wellness programs from central administrators. At Western Washington there seems to be genuine administrative leadership for the emphasis on health and wellness, including sexual health. The administration has designated the position of Assistant Vice President for Student Affairs as the administrator of the three units of health, wellness, and counseling. This individual represents health and wellness at the highest levels of Western Washington, working with the Vice President and President by holding a secondary position as Special Assistant to the President for Diversity.

The Vice President for Student Affairs (VPSA) came to the university with an understanding of and support for the commitment to wellness and the programs of Prevention and Wellness Services. Previously the VPSA had demonstrated her special concern for attention to problems of alcohol use on campuses by editing a Jossey-Bass New Directions issue on alcohol abuse prevention. She strongly supports the work of Pat Fabiano and was enthusiastic about a restructured new student orientation plan that included a convocation for which they chose Fabiano as the main speaker on campus messages and culture.

The President of the university had been unusually active with the Prevention and Wellness Program over the year prior to this study. The university was recognized for its work on alcohol abuse prevention and the President was interviewed on Good Morning America and gave the keynote speech to the annual U.S. Department of Education Drug and Alcohol project directors' meeting. This active involvement in issues of health and wellness was reported by many of

those interviewed and with a pride in this kind of leadership from the President, which was missing in her predecessor.

In the final analysis, it is clear that the strongest leadership comes from Pat Fabiano. The success of the total program and especially the sexual health and HIV prevention components is the result of her vision, style, and philosophy. Fabiano exemplifies her guiding premise that health is about issues of human dignity. She understands the need to develop allies in key places and she consciously finds ways to collaborate with others in particular areas. Her success in leading the continual development of Health and Wellness is evident by the expanded staffing in her area, the constant student interest in taking her class and becoming peer educators, and the esteem in which she is held by her peers, her students, and her supervisors.

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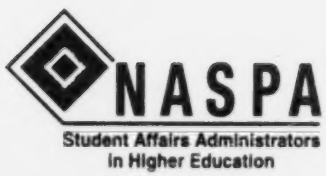

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